DOCUMENT RESUME

ED 023 829 VT 005 564

The Psychiatric Aide in State Mental Hospitals.
National Inst. of Mental Health (DHEW), Bethesda, Md. Manpower Studies Unit.
Report No-PHSP-1286
Pub Date Mar 65
Note-126p.
Available from-Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (FA222T95/12, $60).
EDRS Price MF-$0.50 HC Not Available from EDRS.
Descriptors-Employee Attitudes, Employer Attitudes, Health Occupations Education, Nurses, *Occupational Surveys, *Psychiatric Aides, Work Attitudes

Benchmark data essential to further study and action were obtained in 1963 from personnel records and interviews with representative samples of aides and nurses. Some findings were: (1) State and county mental hospitals employed approximately 96,000 psychiatric aides with eight states acccounting for one-half, (2) Although there were wide variations among the states, national averages were 18 aides per 100 patients in state and county mental hospitals, 26 per staff psychiatrist or psychiatric resident, and 9 per registered nurse, (3) Six out of 10 aides were women and the median age was 44 for women and 38 for men, (4) Almost 50 percent of the aides had completed high school and 10 percent had had one to three years of college, while 5 percent had had fewer than eight years of elementary school, (5) When hired only 7 percent had had any relevant training and only 27 percent relevant experience, (6) Nonwhites were represented in excess of their proportion in the total labor force, (7) The median salary was $3,550, (8) 70 percent of the aides were supervised by a registered nurse, 3 percent by a licensed practical nurse, 19 percent by another aide, and 7 percent by a person with another job title, and (9) Formal training programs were in operation in nine out of 10 institutions and the median number of hours of instruction was 60 and of supervised ward training, 38. (JK)

NATIONAL CLEARINGHOUSE FOR MENTAL HEALT

The Psychiatric A
in State Mental Ho s

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

The Psychiatric Aide in State Mental Hospitals

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

Public Health Service Publication No. 1286
March 1965

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON: 1965

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C., 20402 - Price 60 cents

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FOREWORD

This report embodies the findings of a study on psychiatric aides conducted in 1962–63 by the National Association for Mental Health under a contract with the National Institute of Mental Health. It provides a comprehensive description of the characteristics of the psychiatric aide in state and county mental hospitals in the United States, and follows a brief summary published in April 1964 under the title *Highlights From Survey of Psychiatric Aides.*

Project Director for the study was Howard E. Mitchell, at the time Assistant Research Professor of Family Study in Psychiatry, Medical School, University of Pennsylvania. Dr. Mitchell was responsible for the general conduct of the study to Mr. Edward Linzer, Director of Program Services of the National Association for Mental Health. National Analysts, Inc., of Philadelphia, developed the sampling aspects of the study, assisted in the design of the schedules, conducted the interviews with aides and nurses, and was responsible for all machine tabulations. All fieldwork other than the interviews with aides and nurses was done by NAMH volunteers working under the supervision of the Project Director. Overall guidance was given by a national Advisory Committee, whose members are listed in appendix E.

Within NIMH, major responsibility for maintaining administrative and technical liaison with the study organization rested with Dr. Joseph A. Cavanaugh, Chief, Manpower Studies Unit, Training and Manpower Resources Branch.

Acknowledgments are due a number of individuals in addition to those cited above for their contributions to the development and direction of the study. Marie D. Eldridge, Manpower Studies Unit, NIMH, shared major responsibility in the development and conduct of the study. Dr. Aaron J. Spector, senior research executive and vice president, National Analysts, Inc., carried a major coordinating responsibility for developing the sampling aspects of the study, assisting in the design of the schedules, conducting interviews with aides and nurses, and machine tabulation design. Mr. Jacob Fisher, of Surveys & Research Corp., had major responsibility for the preparation of this report. Elizabeth V. Cunningham prepared the section in chapter IV on training program content used in formal training programs for psychiatric aides.

Finally, the study would not have been possible without the valuable services rendered by NAMH volunteers and staff and regional field workers across the 50 States. Grateful acknowledgment is also made of the cooperation of the State mental health authorities and of the hospital superintendents, aides, and nurses in the participating institutions.

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INTRODUCTION

The present study was undertaken to obtain information on the number and distribution of psychiatric aides in State and county mental hospitals, their demographic and economic characteristics, the personnel and administrative practices of the hospitals in which they are employed, hospital training programs, and the job duties and job attitudes of aides as perceived by the aides themselves, and by the nurses by whom they are largely supervised. Such information is basic to any consideration of proposals to improve the quality of patient care by upgrading the role of the psychiatric aide, and improving present methods for their recruitment and training.

The job of the psychiatric aide—defined for the purpose of this study as all those subprofessional mental health workers who are engaged in direct patient contact primarily on wards and who are not called upon to use specialized vocational skills (such as barbers, gardeners, etc.)—has undergone dramatic changes in recent decades. These changes parallel the transitions in the treatment of the mentally ill, which have received excellent documentation by the late Albert Deutsch in some of his writings (*1*, 2).[1] Public sentiment during the late 19th and early 20th centuries favored more humane treatment of mental patients. "Inmates" became "patients" and "lunatic asylums" became "mental hospitals." Corresponding modifications took place in the role of aides which constituted the largest component of the mental hospital staff. Particularly in the past 15 or 20 years some effort has been directed toward upgrading the quality of performance of psychiatric aides in hospital systems, and in their recruitment and selection. Orientation and training programs have been developed in which the aide is taught skills and practices directed toward a role with patients which is more variable than in the past, when he was primarily concerned with the physical control of patients.

Until the present study was undertaken, little was known, however, about the extent of his training. Indeed, until a relatively recent period, such elementary information as their number and distribution by State was largely in the realm of conjecture. Estimates of the number of aides in public mental hospitals ranged from 60,000 to 103,000. The American Nurses' Association, in the 1961 edition of its publication *Facts About Nursing*, stated that there were approximately 80,500 nurses "other than registered" employed in mental hospitals (3). This figure could well have included a variety of subprofessional personnel whose roles are unrelated to those of the psychiatric aide as defined in this study. Since 1947 the Biometrics Branch of the National Institute of Mental Health has been collecting and publishing State data on the number of "other nurses and attendants" (other than graduate nurses) on the staff of State and county mental hospitals (*4*). Most of the personnel so classified were undoubtedly aides, but the figures include, as do those of the ANA, practical nurses and other nonaides.

Few studies had been made of the role and functions of the psychiatric aide. The most extensive investigation was by Dr. Richard Simpson, who surveyed aides in six hospitals in North Carolina (*5*). Most studies of psychiatric aides have been confined to a single institution or have compared the reaction of aides and other mental health workers to institutional procedures, selection devices, mental health concepts, or to deviate patient behavior. A considerable volume of research has been accumulating in the latter area. This research also highlighted the extent to which psychiatric aides are being given more responsibility for patients, in keeping with the changing orientation of mental hospitals from custodial to therapeutic care (*6*, *7*, *8*, *9*, *10*, *11*).

Documentation was lacking, however, on the size and character of these changes. To what extent were aides still devoting their time to purely custodial functions? How did aides view their job? How was it viewed by the nurses? What kinds of training programs were being conducted and how many aides were being reached?

These and other questions finally led NIMH to sponsor the present study. Following preliminary discussions in early 1962, a contract was let to the National Association for Mental Health to perform a study of psychiatric aides. It was agreed that NAMH volunteers and staff working with benefit of an advisory committee would be responsible for the initial phases of the survey. A private research firm, National Analysts, Inc., Philadelphia, was engaged to work closely with NAMH in preparing and conducting selected survey phases, particularly sampling and interviewing. Since the great majority of aides are employed in State and county mental hospitals, it was decided to limit coverage to this group in the interest of ease of data collection and homogeneity in the data.

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[1] Numbers in parentheses refer to publications listed at the end of this Introduction.

Fieldwork began in December 1962 and was completed in May 1963. It fell into six phases:

1. An inventory of psychiatric aide job titles, obtained by a mail inquiry to all State mental hospital authorities.
2. A listing of all psychiatric aides by name employed in State and county mental hospitals, prepared by NAMH volunteers on the basis of visits to the hospitals.
3. Completion of an information sheet on every 10th aide on the listing, based on hospital personnel records, also prepared by NAMH volunteers.
4. Completion of a 13-page form on each hospital's personnel practices and training program, prepared by the volunteer group leader.
5. Interviews with a sample of aides, conducted by trained interviewers employed by National Analysts, Inc.
6. Interviews with a sample of nurses, conducted by the same interviewers.

(A more detailed description of survey methodology appears in app. C. Copies of the schedules are included in app. D.)

The report provides considerable information, hitherto unavailable, on the personal characteritsics of aides, their salary and working conditions, their duties, appraisals of their duties, and the appraisals made by nurses working in the same hospitals. The findings merit close examination as benchmark data in a rapidly changing field not previously surveyed in a comprehensive manner.

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SUMMARY [1]

Under contract with the National Institute of Mental Health, the National Association for Mental Health made a study in 1963 of the number, distribution, individual characteristics, and job duties of psychiatric aides in State and county hospitals in the United States, and of the personnel policies and training programs in the institutions in which they were employed. Nearly all the 288 State and county hospitals in the country participated. Information for the study was collected by visits to the institutions and is based in part on an examination of personnel records, and in part on interviews with representative samples of aides and nurses.

DISTRIBUTION AND SELECTED CHARACTERISTICS OF AIDS

The study indicates that State and county hospitals for the mentally ill in the United States employed an estimated 96,000 psychiatric aides in 1963. Because of differences in population and in the development of public institutions for this type of care, the number of aides varied widely from State to State. Two States—California and New York—accounted for one-fourth of all the aides employed; over half were employed in eight States.

Less variability existed among States in the number of aides per patient, as well as in the number per psychiatrist and per nurse in attendance. In the country as a whole, there were 18 aides for every 100 patients in State and county mental hospitals at the end of 1962. By State this ratio varied from 10 to 35 per 100 patients. The national average number of aides per staff psychiatrist and psychiatric resident was 26; the State average ranged from 12 to 110. There were 9 aides per registered nurse in mental hospitals in the United States; by State this ratio varied from 2 to 31.

Six out of every 10 aides were women. Men predominated in 3 States; in 2 States there were as many men as women aides; while in 46 States women were in the majority. In one State, women held 91 percent of all aide jobs.

By age, aides were rather evenly distributed throughout the entire span of working life. Median age was 42 years. Female aides tended to be older than male aides. Median age was 44 years for women, and 38 years for men.

Almost half the aides had completed high school; almost 1 in 10 had had 1 to 3 years of college; and 1 percent had had 4 years or more. At the other extreme of educational attainment were 5 percent who had had fewer than 8 years of elementary school. Median number of school years completed was 11, as compared with 10 years in the general population 25 years and over in 1960, suggesting that the educational level of aides was somewhat higher than for the adult population of the country as a whole.

When hired, aides were by and large persons with little relevant training or experience. Only 8 percent had had any relevant training; only 27 percent had had any previous relevant experience. Among those working at the time of application, over half were service workers, operatives, and kindred workers.

Negroes and other nonwhites were represented among aides in excess of their proportion in the total labor force. Negroes comprised 19 percent of all aides, and other nonwhites a little over 1 percent. In the United States in 1961, Negroes constituted 10 percent of the labor force; other nonwhites, less than 1 percent. Fourteen States reported no Negro aides. In three States over half the aides were Negroes, including one in which they comprised 87 percent of the total.

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[1] For a more detailed summary description, see "Highlights from a Survey of Psychiatric Aides," National Institute of Mental Health, April 1963.

Two out of three aides were married and living with spouse. Among men aides, the proportion was somewhat less than in the male labor force in the general population. Among women aides the relative number married and living with husband exceeded the comparable percentage among female members of the labor force. The spouse was usually a member of the labor force; one-third of such working spouses were employed at the hospital. Forty-three percent of the aides had relatives, including spouse, working at the hospital. Among such relatives working at the hospital, two-thirds had jobs as aides.

The great majority of aides lived away from the hospital, in households shared with other members of the family. Live-in arrangements—provision of a room without charge—were offered in only 6 percent of the institutions covered by the study.

The size of household in which aides lived was similar to that of households in the general population. Roughly comparable, too, was the distribution of households by number of children under 18 years of age.

Over two-thirds of all aides had lived in the area of the hospital 10 or more years; over half, 15 years or more; one-quarter, 30 years or more. Over one-fourth had been working at the hospital 10 years or longer; over half, 5 years or more.

SALARY AND WORKING CONDITIONS OF AIDES

Salaries paid aides in early 1963 ranged from less than $1,000 to over $5,000. Median salary was $3,550. This was below the median income of all male workers in the United States in 1962 ($5,240) but above the median income reported by women workers for that year ($2,447). By State, median salary varied from $1,230 to $5,115. The white aide earned a higher average salary than the Negro aide, due in part at least to the latter's concentration in low-salary States. Women aides tended to earn somewhat more than men aides, perhaps because on the average they had worked a little longer on the job. Amount of salary was positively correlated with length of employment, age, previous relevant experience, educational attainment, and completion of one or more training programs.

In two out of three hospitals, aides were hired on the basis of regulations established under State or county civil service or merit systems. Such regulations were more often found in larger hospitals. Somewhat fewer than half the institutions used an intelligence test as a screening device in hiring aides.

Aides commonly worked an 8-hour day and were on the job 5 days a week. Departures from this practice were more frequent in smaller hospitals. Compensatory time off rather than pay was the most common method of payment for overtime.

Three out of four hospitals reported that they did not rotate aides regularly through shifts. Most aides were employed on the day shift. Two out of seven worked the evening shift, one in seven the night shift. Longer service and older employees were more likely to work the night shift. General satisfaction was expressed by aides with their shift assignment. Provision for free room and board was not common. Few hospitals provided a room without charge, and free meals, as a rule, were not provided.

Provision for paid vacations was general. The most frequent annual leave arrangement was 10 working days; half the institutions surveyed allowed from 10 to 12 days a year. Provision for sick leave was reported by all but two of the hospitals responding on this item. The most common practice was 12 days of annual sick leave. A retirement program for aides existed in almost all institutions. Minimum years of employment for eligibility for retirement at full benefit varied from 2 to 40 years; the most common minimum was 10 years. Minimum retirement age varied from 50 to 65 years; two out of three hospitals specified 60 to 62 years, or 65 years.

Four out of ten institutions reported that some of their aides were members of employee or staff associations recognized by the hospital for collective-bargaining purposes. Among large hospitals this ratio rose to two out of three.

When employee turnover is measured by separations during the year as a percent of employees on the first of the year, aide turnover in 1962 was about 29 percent. Based on accessions as a percent of staff at year's end, it was 30 percent. Turnover was larger in smaller institutions.

JOB DUTIES AND JOB ATTITUDES OF AIDES

About 70 percent of the aides were supervised by a registered nurse, 3 percent by a licensed practical nurse, 19 percent by another aide, and 7 percent by a person holding some other job title. Eighty-nine percent said they reported regularly on the condition of their patients, most commonly to a nurse, infrequently to the psychiatrist.

Aides perform a wide variety of tasks, ranging in skill and importance from nursing care to housekeeping. Nursing care (giving medicine to patients, taking temperature and blood pressure, etc.) and monitorial duties (breaking up fights, taking patients from one place to another, keeping dangerous objects from patients) were most frequently mentioned by aides as part of their job.

Counseling duties (helping a patient discuss his problem, encouraging participation in games and other recreational activities) ranked third in percentage of aides who reported such activities. Other types of duties performed by aides included housekeeping (making beds, cleaning walls and floors, etc.); informational duties (writing notes in patient's chart, reporting to nurse or psychiatrist on patient's condition); and performance improvement (familiarizing oneself with patient's history, attending staff meetings).

Of these six types of activities, nursing care consumed the most time. Directors of nursing interviewed during the study reported that for two out of three aides, nursing care absorbed from 75 to 100 percent of the aide's time. Counseling duties came second in time consumed, and monitorial duties third. Housekeeping duties ranked fourth; informational duties, fifth; and performance improvement, last.

Aides regarded nursing care as their most important function. It ranked second rather than first, however, in services they most enjoyed providing, and occupied third place when services were ranked by volume of demand by patients. The job duties most enjoyed by aides and most often encountered as an expressed patient need were the counseling services. Aides viewed these services as second in importance only to nursing care.

Monitorial services were the second most frequently expressed need of patients, but were regarded by aides as fairly low on the scale of importance and of only mild appeal as an enjoyable activity. Informational duties had an intermediate position with respect to popularity with aides, importance in their eyes, and volume of patient demand. Housekeeping ranked last in importance and in popularity and occupied a low position on the patient's demand list.

Differences in job attitudes among aides were associated with differences in sex, age, length of employment, and educational background. Men aides attached more importance than women aides to the counseling, monitorial, informational, and housekeeping functions. Women aides, for their part, assigned more value than men aides to the nursing function. Men aides enjoyed their counseling, monitorial, and informational duties more than women aides; women aides liked nursing and housekeeping duties more than the men did. Women aides estimated patient demand for nursing care services at a higher level than men aides; the reverse was true for all other services.

Younger aides valued the importance of counseling, monitorial, and informational services more than older aides; they put less value on nursing care and housekeeping. They professed to take less pleasure than older aides in the performance of their nursing, monitorial, and housekeeping duties, but more pleasure in their counseling and informational functions. In reporting on services most in demand by patients, they put more stress than older aides on counseling services, less stress on other services.

Recently employed aides tended to put a higher value than longer service aides on the importance of nursing care, counseling, and housekeeping services, to put a lower value on informational services, and about the same value on monitorial services. They reported more enjoyment in performing their counseling and informational functions, less enjoyment in the performance of the nursing care and monitorial functions. They put at a lower level than longer employed aides the volume of patient demand for monitorial, informational, and housekeeping functions; they put at a higher level the demand for nursing care and counseling functions.

Aides with some college education rated nursing care, monitorial, and housekeeping duties as less important than did aides who failed to complete grade school. They put a higher value on counseling and informational services. They registered greater satisfaction in performing their counseling, monitorial, and informational duties; less satisfaction in nursing care and housekeeping duties. They reported a higher patient demand for counseling, monitorial, and informational services than aides who had gone only as far as the fifth to seventh grades; a lower demand for housekeeping and nursing care services.

Changes suggested by aides in their job emphasized upgrading, with more stress on patient care and professional responsibilities, fewer cases, fewer menial tasks. The second most frequent class of suggestions concerned improvements in pay and working conditions. Recommendations were also made for more or better job training, and better staff relations. Men made relatively more suggestions than women for better pay and working conditions, and for more job training. Women, on the other hand, more frequently offered proposals for upgrading the job. The higher the educational attainment, and the younger and more recently employed the aide was, the more likely he was to make suggestions for improvement particularly with regard to more job training.

A positive attitude toward the job characterized the response to a question concerning advice to a friend interested in an aide's job. Answers stressed as a job requirement the proper point of view toward patients and mental illness, the need for understanding, patience, and an interest in helping people in trouble. Other replies cited the advantages of working at an interesting, challenging, worthwhile job; and the economic advantages of a good salary, good working conditions, and job security. Somewhat more aides, however, saw economic disadvantages than advantages in the job, citing low salary levels, a burdensome workload, and the menial and unpleasant aspects of much of what an aide is expected to do.

The nature of the work, rather than its economic rewards, was emphasized in the reasons given by aides for seeking the job. Only 6 in 10 aides expected before employment to engage in housekeeping duties, only half in informational duties.

The occupational aspirations of aides focused on the patient-serving jobs. Fifty-four percent of the aides thought their own job best for them; 16 percent thought the job of registered nurse best; and 4 percent that of occupational therapist. Asked to name the next best job, a majority selected a patient-serving occupation: registered or practical nurse, occupational therapist, aide.

TRAINING FACILITIES AND PRACTICES

Formal training programs were in operation in 9 out of 10 institutions. These were commonly multiple programs, at increasing levels of difficulty. Instructors came primarily from the nursing staff, but other aides, psychiatrists, psychologists, and social workers were also drawn on. Median number of hours of instruction in 1963 was 60; median number of hours of supervised ward training, 38.

Program training emphasized job duties, hospital procedures, and hospital policy. Relative time allotted to these subjects and to the different aspects of the aide's duties varied widely. Teaching methods included classroom lectures, demonstrations, and assigned readings.

At the time of the study, approximately two-thirds of all aides had participated in one or more formal training programs. One-third had completed two programs; 14 percent had had three; and 4 percent, four or more. By State, the proportion of aides with some training varied from 15 to 100 percent.

Most aides took a favorable attitude toward training programs. Three out of four said that they needed additional training to be a better aide, a ratio that was higher for men, for more recent employees, for younger aides, and for aides with some college education.

The types of additional training specified gave primary emphasis to nursing procedures. Fifty-two percent requested training in nursing procedures in general; 31 percent mentioned such specific procedures as administering medication and giving blood transfusions; 35 percent expressed a desire for instruction in the types and causes of mental illness; 28 percent wanted training in the psychiatric and psychological needs of patients; 14 percent said they needed more orientation in general.

NURSES' ATTITUDES TOWARD AIDES

Nurses tended to think the average aide engaged in more types of activities than he actually did, as measured at least by his own statements. Eighty percent of the aides interviewed, for example, said they performed housekeeping tasks. Ninety-four percent of the nurses interviewed, however, reported that aides engaged in housekeeping duties. The discrepency between aides' and nurses' responses in the two proportions, i.e., the percent of aides engaged in a specific type of activity, was largest for housekeeping, smallest for performance improvement.

Nurses shared the view of aides that nursing care consumes more of the aide's time than other types of duty. Compared to estimates made by aides themselves, nurses tended to understate the amount of time aides spent on counseling and informational duties, to overstate aide time spent on housekeeping.

Nurses and aides disagreed on the most important type of aide activity, aides stating it was nursing care, while nurses thought it was gathering information for nurse and psychiatrist. Both groups agreed however that counseling ranked second in importance, monitorial duties fourth, and housekeeping last.

Nurses and aides were in general agreement on the ranking of duties that aides enjoyed most: counseling first, nursing second, monitorial duties third, housekeeping last. Nurses, however, tended to overrate how much aides liked counseling, and how much they disliked housekeeping.

Patient demand for different aide services was estimated by nurses and aides at about the same levels. Counseling ranked first on both lists, monitorial services second, nursing third. Nurses put the volume of requests for counseling and monitorial services at a somewhat higher level than aides did; nursing services at a somewhat lower level.

The job duty performed least well by aides, in the view of the nurses, was information gathering, particularly the making of entries in the patient's chart. Counseling duties came second in frequency of mention for poor performance; nursing care last.

Nurses stated that aides generally have good relationships with patients and staff. Fifty-one percent of the nurses said aides got along very well with patients; 48 percent said they got along fairly well. With nurses themselves, relationships were also considered rather good; 46 percent of the nurses said aides got along with them very well, 51 percent fairly well. The "very well" ratio dropped to 42 percent for relationships with "other employees," 41 percent for relationships with psychiatrists, and 36 percent for relationships with other aides. Nine out of ten nurses, in summary, thought aides got along either very well or fairly well with patients and staff. Most nurses found the quality of the work done by aides, on balance, to be very good. Forty-seven percent thought it was fairly good. Despite the occasional complaints about the heavy caseload and wall washing, nurses believed aides to be satisfied with their jobs, by and large. Seventy percent said aides were fairly satisfied. Fourteen percent who thought aides fairly dissatisfied were balanced by 14 percent who felt that they were very satisfied. Half the nurses were of the opinion, however, that most aides would leave the field before retirement, largely for economic reasons.

Suggestions by nurses for ways in which aides needed to improve included more training, and the development among aides of a better self-image of themselves as responsible workers with a professional attitude toward their job. Types of additional training recommended included nursing procedures, information on the psychiatric and psychological needs of patients, and, of course, on the types and causes of mental illness.

Rue

Comparison of aides' and nurses' views of the types of additional training needed indicates that nurses placed more stress on the mental hygiene aspects of patient care and on the need for refresher courses in general; aides, on the other hand, attached more importance to training in nursing procedures, and to courses in the types and causes of mental illness.

Opinions expressed by nurses on needed changes in the job of the psychiatric aide, particularly to attract more and better people, put major emphasis on improvements in pay and working conditions and on upgrading of job functions, with greater stress on professional responsibilities, a reduction in workload and in menial duties. There was considerable support also for more and better quality job training. With minor differences, the views of nurses on needed changes in the job of aide were in broad agreement with those expressed by aides.

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CHAPTER I

NUMBER AND PERSONAL CHARACTERISTICS OF AIDES

NUMBER AND DISTRIBUTION BY STATE

Psychiatric aides employed by State and county hospitals for the mentally ill in the United States in early 1963 numbered approximately 96,000. As might be expected from differences in population and in the development of public institutions for this type of care, the number of aides varied considerably from State to State. New York accounted for one-sixth; two States,[1] for one-fourth; four States,[2] for over one-third; eight States,[3] for over one-half (table A).[4]

Available data indicate that for the country as a whole, there were 18.5 aides for every 100 patients in State and county mental hospitals at the end of 1962 a ratio that varied from 10.0 in State F to 35.2 in State Q.[4] Twenty-one States had ratios below the national average; 26 States reported ratios in excess of the national average (table B).

The range by State in the number of aides per psychiatrist or psychiatric resident was from 11.8 (State F) to 109.7 (Mississippi). For the country as a whole, the average was 26.1. Nationwide there were 9.3 aides for every registered nurse in State and county mental hospitals. By State this average varied from 2.3 in State F to 30.9 in State L (table B).

Behind these variations lie many differences in State staffing patterns, in State fiscal resources devoted to care of the mentally ill, availability of professional manpower, and in the relative availability and appeal to psychiatric aides of competing types of employment. Data on these topics were not investigated in the present study.

DISTRIBUTION BY SIZE OF HOSPITAL

Institutions in which aides were employed varied in size from small research and teaching hospitals with fewer than 100 patients to huge complexes with 10,000 or more patients. The largest group of hospitals and the group within which the median hospital fell cared for 1,000 to 2,000 patients. Aides employed in the median hospital numbered 380. The number of aides per hospital varied in general with size of hospital. Seventy percent of the aides were employed in a hospital with 2,000 or more patients. More than 25 percent were employed in hospitals caring for 4,000 or more patients. Aides typically are part of an institutional setting involving large numbers of patients and large numbers of aides and other staff personnel (table 1, fig. 1).

Table 1.—Percent Distribution of Hospitals and Aides and Number of Aides in Median Hospital, by Size of Hospital, 1963

Size of hospital (Number of patients)	Percent of hospitals (R[1]=210 hospitals)	Percent of aides[2] (R=192 hospitals)	Number of aides in median hospital (R=192 hospitals)
Total	100.0	100.0	380
Under 100	4.3	.5	39
100–499	10.5	2.0	63
500–999	12.4	6.7	210
1,000–1,999	28.6	20.3	300
2,000–2,999	24.7	29.0	440
3,000–3,999	8.6	13.4	535
4,000–4,999	4.7	10.9	827
5,000–5,999	2.4	6.3	856
6,000–6,999	2.4	7.1	1,079
7,000 or more	1.4	3.8	....

[1] R=Number of respondents.

[2] Distribution of aides based on data on 75,446 aides employed in 192 hospitals with data on both number of patients and number of aides. Patient data from Guide Issue of *Hospitals*, Aug. 1, 1963, represent average daily patient census in a preceding 12-month period.

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[1] California, New York.

[2] California, New York, Ohio, Pennsylvania.

[3] California, Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, Pennsylvania.

[4] Tables designated by letters of the alphabet are found in app. A. States with only one hospital are coded to avoid individual hospital disclosure. See app. B for listing of all hospitals participating in the survey.

AIDE-PATIENT AND OTHER RATIOS

The relation between the number of aides and the number of patients varies more hospital by hospital than the data in table B (App. A) figure 2, indicate. The latter are State averages and understandably tell little of the spread to be found within each State. For 192 hospitals for which data on both aides and patients were available, the number of aides per 100 patients ranged from 7.4 to over 100. The median was 19.5; i.e., half the hospitals had fewer than 19.5 aides per 100 patients, half had more.

The size of the ratio is related to hospital size. The larger the hospital, the smaller in general was the aide-patient ratio. Hospitals with fewer than 100 patients, for example—nearly all research and teaching hospitals affiliated with a medical school—had a median ratio of 62 aides per 100 patients. Among hospitals with 6,000 to 7,000 patients, the median was 16.1. The negative correlation between hospital size and the aide-patient ratio is not readily explainable except as one aspect of a general decline in number of staff specialists per patient as hospital size increases.

Table 2.—Percent Distribution of Hospitals, by Number of Aides per 100 Patients, and Hospital Size, 1963 (R=192 hospitals)

Hospital size (Number of patients)	Total	Aides per 100 patients									Aides per 100 patients in median hospital
		Under 10.0	10.0–14.9	15.0–19.9	20.0–24.9	25.0–29.9	30.0–39.9	40.0–49.9	50.0–74.9	75.0 or more	
Total	100.0	1.0	16.7	34.4	23.4	10.4	4.7	4.2	2.6	2.6	19.5
Under 100	100.0	...	...	...	...	...	...	33.3	44.4	22.2	62.0
100–499	100.0	5.0	20.0	5.0	10.0	5.0	20.0	15.0	5.0	15.0	37.8
500–999	100.0	...	8.0	28.0	24.0	24.0	12.0	4.0	...	...	23.2
1,000–1,999	100.0	2.0	15.7	31.4	25.5	19.6	3.9	1.9	...	...	20.2
2,000–2,999	100.0	...	18.8	50.0	25.0	6.2	...	...	...	...	18.4
3,000–3,999	100.0	...	17.7	58.8	25.5	...	...	...	...	...	17.3
4,000–4,999	100.0	...	20.0	40.0	40.0	...	...	...	...	...	18.2
5,000–5,999	100.0	...	20.0	40.0	40.0	...	...	...	...	...	17.0
6,000–6,999	100.0	...	40.0	20.0	40.0	...	...	...	...	...	16.1
7,000 and over	100.0	...	50.0	50.0	...	...	...	...	...	...	(1)

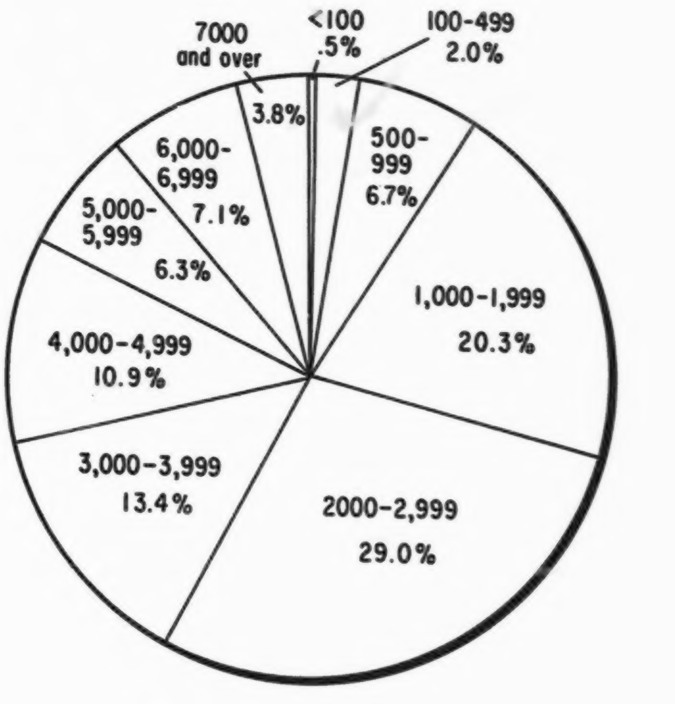
[1] 2 hospitals only.

The aide-psychiatrist ratio also varied widely—from 1:1 to 793:1—but without regard to hospital size. In small hospitals the number of aides per psychiatrist tended to be quite low. (Not because there were fewer aides—there were more relative to patients, as table 2 indicates—but because there were more psychiatrists.) Among hospitals with 500 or more patients, however, there is no discernible relationship between hospital size and the aide-psychiatrist ratio. The data suggests that State differences are significant, and that these are associated with differences in the patient-psychiatrist ratio (table 3). States with relatively more patients per psychiatrist also have a high aide-psychiatrist ratio; States with fewer patients per psychiatrist tend to have a low aide-psychiatrist ratio. Four of the five States with the highest aide-psychiatrist ratios—Mississippi, Montana, Minnesota, Alabama, and Idaho—are among the five States with the highest ratio of patients to psychiatrists. Of the five States with the lowest aide-psychiatrist ratios—State F, Iowa, Connecticut, State J, and Massachusetts—two are among the five States with the lowest patient-psychiatrist ratio.

The same comments may be made about the aide-professional nurse ratio. Per professional nurse, aides numbered from fewer than 1 to 191. Except in small hospitals, size of hospital was not associated with size of ratio. States with a low patient-to-nurse ratio tended to have a low aide-nurse ratio, and vice versa.

Figure I

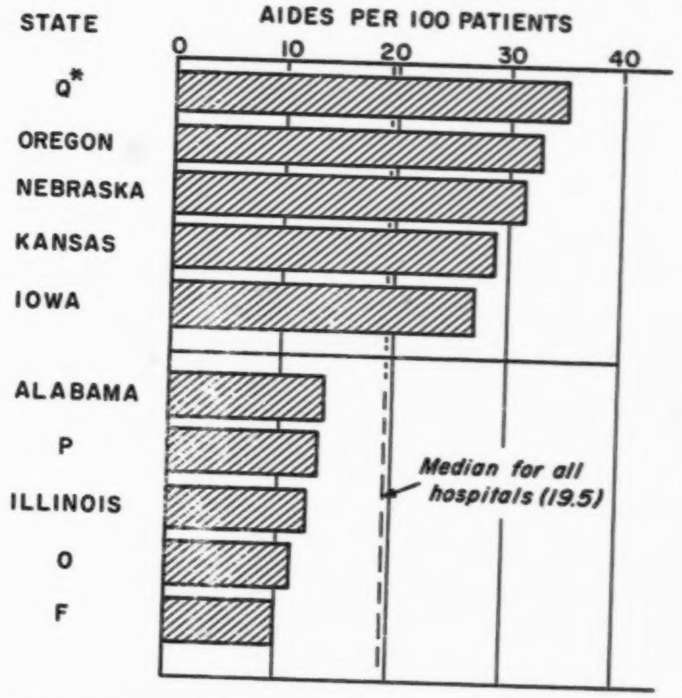
DISTRIBUTION OF AIDES BY SIZE OF HOSPITAL
(No. of patients)
1963



Ref.: Table I

Figure 2

AIDES PER 100 PATIENTS IN HOSPITALS
FOR MENTALLY ILL (N=192)
(FIVE STATES WITH HIGHEST AND LOWEST RATIOS)
1963



Ref.: Table B (Appendix)

*Note: Some states are coded to avoid disclosure in states where only one hospital reported.

Table 3.—Percent Distribution of Hospitals, by Ratios Between Number of Aides and Psychiatrists and Psychiatric Residents and Hospital Size, 1963 (R=212 hospitals)

Hospital size (number of patients)	Total	Ratio between aides and psychiatrists and psychiatric residents								Aides per psychiatrist and psychiatric resident in median hospital
		Under 10.0	10.0–19.9	20.0–29.9	30.0–39.9	40.0–59.9	60.0–99.9	100.0–149.9	150.0 and over	
Total	100.0	9.4	17.0	19.8	16.5	9.9	11.9	8.9	6.6	31.7
Under 100	100.0	100.0	....	....	....	....	....	....	....	3.1
100–499	100.0	64.3	7.2	7.2	7.2	7.1	7.1	....	....	7.4
500–999	100.0	....	16.7	16.7	16.7	8.3	25.0	8.3	8.3	45.2
1,000–1,999	100.0	....	8.0	24.0	18.0	10.0	12.0	18.0	10.0	41.4
2,000–2,999	100.0	2.2	28.2	10.9	21.7	10.9	8.7	8.7	8.7	19.4
3,000–3,999	100.0	....	25.0	25.0	12.5	....	25.0	6.3	6.2	29.9
4,000–4,999	100.0	....	10.0	40.0	....	20.0	20.0	10.0	....	35.3
5,000–5,999	100.0	....	25.0	25.0	....	50.0	....	....	....	33.2
6,000–6,999	100.0	....	40.0	40.0	....	....	20.0	....	....	22.5
7,000 and over	100.0	....	....	50.0	....	....	....	....	50.0	(1)
No information	100.0	8.8	17.7	23.5	26.5	11.8	2.9	5.9	2.9	30.0

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[1] 2 hospitals only.

Table 4.—Percent Distribution of Hospitals, by Ratios Between Number of Aides and Professional Nurse and Hospital Size 1963 (R=223 hospitals)

Hospital size (number of patients)	Total	Ratio between aides and professional nurses							Aides per professional nurse in median hospital
		Under 5	5.0-9.9	10.0-14.9	15.0-19.9	20.0-24.9	25.0-49.9	50.0 or more	
Total	100.0	17.0	27.4	23.3	8.5	9.9	10.8	3.1	10.6
Under 100	100.0	100.0	....	....	....	....	....	....	1.8
100-499	100.0	50.0	16.7	11.1	16.7	5.5	....	....	5.1
500-999	100.0	8.3	37.5	16.7	8.3	4.2	16.7	8.3	10.6
1,000-1,999	100.0	14.0	26.0	36.0	8.0	6.0	8.0	2.0	10.7
2,000-2,999	100.0	8.7	37.0	21.7	6.5	8.7	10.9	6.5	10.3
3,000-3,999	100.0	....	56.3	25.0	6.2	12.5	....	....	9.7
4,000-4,999	100.0	10.0	30.0	10.0	....	20.0	30.0	....	16.3
5,000-5,999	100.0	....	25.0	50.0	25.0	....	....	....	10.7
6,000-6,999	100.0	20.0	40.0	20.0	....	20.0	....	....	8.9
7,000 or more	100.0	....	....	....	....	100.0	....	....	(1)
No information	100.0	17.1	9.7	24.4	12.2	17.1	17.1	2.4	14.9

[1] 2 hospitals only.

SEX AND AGE

The majority of psychiatric aides are women, although not in the extent of proportions as are found among professional nurses. In early 1963, 6 of every 10 aides were women; 4 were men. In three States—Louisiana, West Virginia, and State A—there were more men than women among aides. An even 50:50 ratio was reported by two States. In the other 46 States women predominated. In 5 States—Delaware, Illinois, Iowa, State M, and State O—women comprised from 70 to 80 percent of the total; in still another State (J), women accounted for 91 percent of all aide jobs (table A).

Aides are well distributed throughout the entire age span of working life. In 1963 there were approximately as many in their 20's as were in their 50's; the size of these two groups, in turn, were not very different from the number 30-39 years, and the number 40-49 years. Median age for both sexes was 42.

Women aides tended to be older than men, perhaps because they entered the field later in life, stayed longer once in it, or because of their greater life expectancy. The median age for women was 44; for men, 38. Only one-sixth of the women were under age 30, as compared with almost one-fourth of the men (table C and fig. 3). This dissimilarity may be indicative of sex-age linked differences in the appeal of the job, or child-bearing responsibilities by women in lower age group. Little is known, however, about the lifetime career patterns of psychiatric aides, and of the different influences on men and women affecting their decisions to enter, remain in, or leave this field of employment.

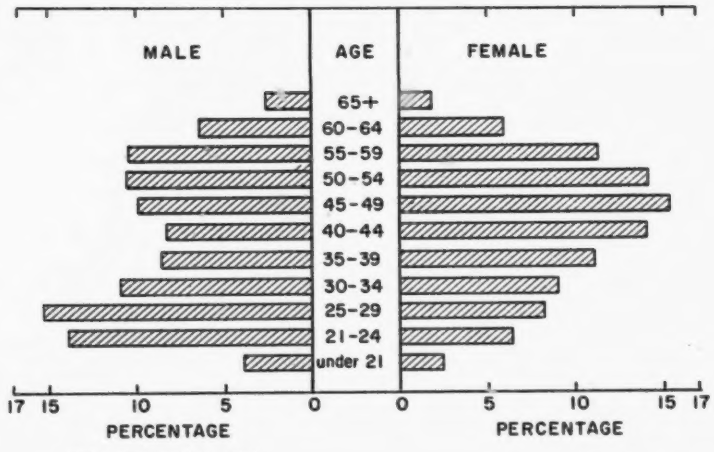
EDUCATION

The educational background of psychiatric aides has important implications for the training programs for aides conducted by mental hospitals and discussed in chapter IV. In March 1963, almost half the aides employed in State and county hospitals had completed high school, including 9 percent who had had 1 to 3 years of college and 1 percent who had 4 or more years. Four out of five had had some high school education. Sixteen percent reported having completed no more than eighth grade, and 5 percent reported completing fewer than eight grades (table D). The estimated median number of school years completed was 11; i.e., half the aides had completed the 11th grade, half had had a more limited education.

How does this level of educational attainment compare with that of the adult population as a whole? Data on years of school completed by persons 25 years old and over are available from the 1960 Census of Population. They indicate that in 1960 the median number of years of school completed among adults was 10. The educational level of

Figure 3.

DISTRIBUTION OF PSYCHIATRIC AIDES
BY AGE AND SEX
1963



Ref. : Table C (Appendix)

psychiatric aides, in other words, would appear to be somewhat higher than for the general adult population.[5] This advantage was due primarily to the fact that relatively fewer aides had had only an elementary school education or less. Offsetting this advantage, however, was the smaller proportion of aides with 1 or more years of college. As table 5 indicates, aides tend to be concentrated in the middle levels of educational attainment.

Table 5.—Percent Distribution of Aides (1963) and Persons 25 Years and Over (1960), by Years of School Completed

Years of school completed	Aides, 1963 (R=7,529)	Persons 25 years and over, 1960[1]
4 or less	0.7	8.4
5–7	4.5	13.9
8	15.9	17.5
High school 1–3	31.2	19.2
High school 4	38.8	24.6
College 1–3	7.9	8.8
College 4 or more	1.0	7.7

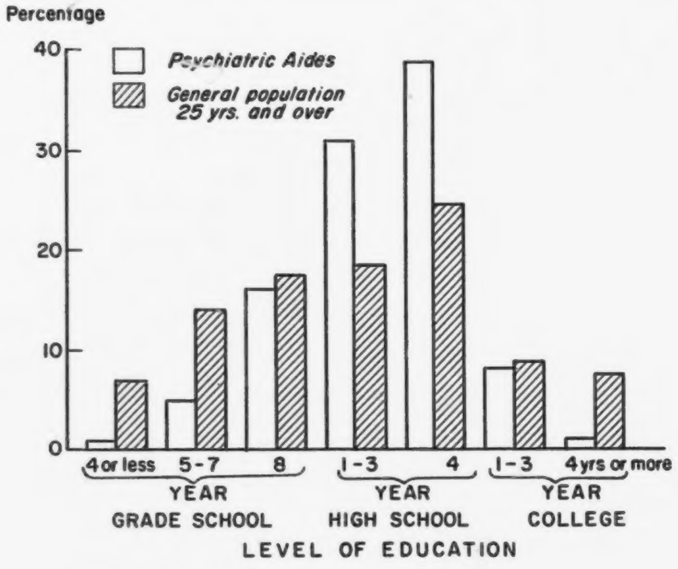
[1] Source: U.S. Bureau of the Census, *U.S. Census of Population: 1960*, Final Report PC(1)–1C, Table 76.

Differences in the educational attainment of men and women aides were not significant. There were relatively fewer women whose education had stopped in grade school. Relatively more men, on the other hand, had taken one or more years of college work (table D). These differences are similar to those between men and women in the general population.[6]

As might be expected, age among aides was negatively correlated with educational attainment, a characteristic shared often with the general population.[7] Median school years completed by aides was 12 for aides 21 to 24; 11 for aides 30 to 34; 11 for aides 40 to 44; and 10 for aides 50 to 54 (table E). In the general population the progressive decline in median number of years of school completed with increasing ages is usually attributed to the rising standard of education in recent decades.[8] State differences were quite marked. Three States—California, Colorado, and Nebraska—reported that one aide in five had completed 1 or more years of college. At the other extreme were Louisiana and State L, where over half

Figure 4

YEARS OF SCHOOLING COMPLETED BY PSYCHIATRIC AIDES (1963)
AND GENERAL POPULATION (1960)



Ref.: Table 5

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[5] The difference is probably larger than the comparison of the data would suggest, since the census figures are based on replies given the enumerator, which tend to overstate educational attainment, while the data on aides come from personnel records. The latter are largely derived from forms completed by the aide at the time of application for employment, but overstatement is less likely in these circumstances than in a reply to a question not subject to check. It is significant, in this connection, that the aides in the interview subsample reported a higher educational attainment level than the aides in the larger sample from which the subsample was drawn (12 years for the subsample; 11 years for the sample). Data for the sample, as noted, were obtained from personnel records; the data for the subsample reflected replies to questions asked by the interviewer.

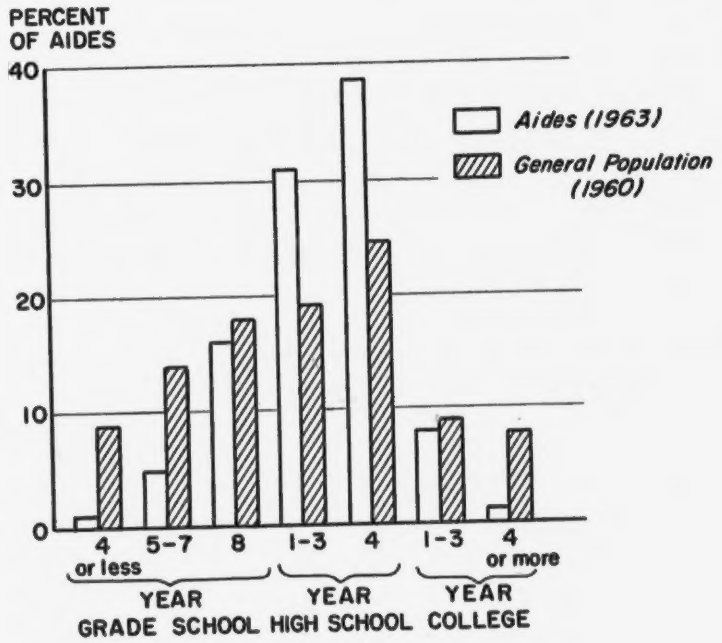
[6] U.S. Bureau of the Census, *U.S. Census of Population: 1960;* Final Report, PC(1)–1C, Table 76.

[7] *Ibid.*, Final Report PC(1)–1D, Table 173.

[8] Aides interviewed in the subsample supplied information on the educational attainment of their father. The median number of years of the father's education was 8, compared with 12 for the respondents.

Figure 5

EDUCATION OF PSYCHIATRIC AIDES
COMPARED WITH LABOR FORCE (25 Years and over)



Ref.:Table 5

the aides had only a grade school education or less. By and large, States, with a relatively low educational attainment level in the general population—a number of the Southern States, for example—also tended to rank low in the median schooling of aides; while those which ranked high in this characteristic—notably the Western States—were the States with the highest educational levels in the general population [9] (table F and fig. 6).

Negro and other nonwhite aides had a slightly higher educational attainment level than white aides. Median number of years of school completed was 12 for Negros, 12 for other nonwhites, and 11 for white aides.

PREVIOUS JOB, TRAINING, AND EXPERIENCE

Germane also to the size and character of the training programs for aides is their job and training background.

Personnel records consulted at the hospitals where they were employed indicated that only 8 percent of the aides had had any *relevent training* prior to employment at the institution. This term was interpreted to refer not to work experience, but to general training in practical nursing or in other types of nursing, either in the military service or at a civilian hospital. The lack of prior general training for 90 percent or more of the aides was general throughout the country, although some States reported smaller proportions. In California and Illinois, 15 percent of the aides had had some training; in Indiana, 18 percent; and in Colorado, 25 percent (table G).

Women aides were a little more likely to have had training before employment—10 percent, as against 6 percent for the men. Age differences were not significant. As might be expected, the proportion with training was lowest (4 percent) in the age group under 21. It was highest (11 percent) for aides 35 to 39 years. Aides with 1 to 3 years of college had a larger percentage with some training than aides who had completed college, or who had not gone to college at all. The proportion was lowest among aides who

Table 6.—Percent Distribution of Aides, by Years of School Completed and Race, 1963

Years of school completed	RACE			
	Total (R=7,529)	White (R=4,982)	Negro (R=1,178)	Other (R=80)
Total	100.0	100.0	100.0	100.0
Grade 4 or less	.7	.6	1.4	2.5
Grades 5–7	4.5	4.8	3.8	10.0
Grade 8	15.9	18.5	6.8	11.3
1–3 years high school	31.2	31.3	30.3	23.8
Completed high school	38.8	37.0	45.8	28.8
1–3 years college	7.9	6.9	10.9	20.0
Completed college	1.0	.9	1.0	3.8

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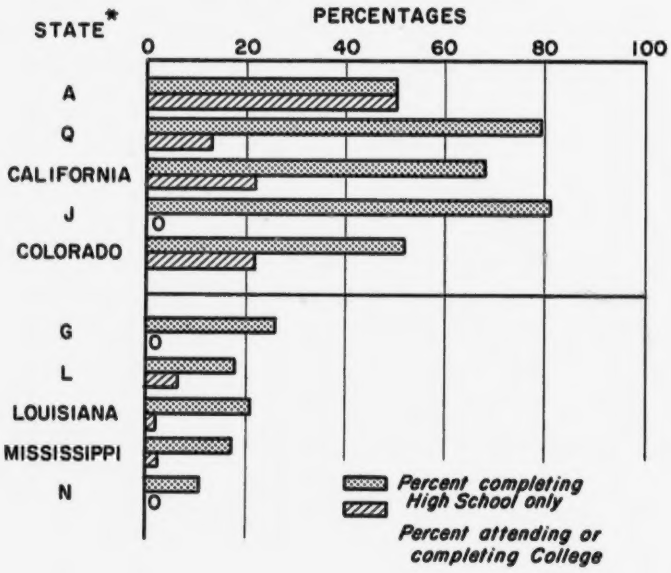
[9] *Ibid.*, Final Report PC(1)-1C, Table 115.

had not progressed beyond the fourth grade. Not surprisingly, it was higher for employees with previous relevant work experience than with aides who had had none, and increased with an increase in such experience.

Figure 6

PERCENTAGE AIDES COMPLETING HIGH SCHOOL AND SOME COLLEGE BY SELECTED STATES WITH HIGHEST AND LOWEST PROPORTION, 1963



Ref.: Table F
*Note: Some states are coded to avoid disclosure of individual hospitals.

Table 7.—Percent of Aides With Some Relevant Formal Training, by Selected Characteristics, 1963

Characteristic	Percent
Total (R=6,635)	8.2
Men (R=2,802)	5.6
Women (R=3,833)	10.0
Education:	
Grade 4 or less (R=50)	2.0
1–3 years college (R=506)	13.6
Age:	
Under 21 years (R=215)	3.7
35–39 years (R=635)	11.3
Previous relevant experience:	
None (R=5,132)	1.6
48 months or more (R=420)	40.2

The number of hours of formal previous training ranged up to 4,000 hours or more. Half of the aides with some formal training had had less than 281 hours.

Previous relevant experience was reported for 27 percent. The experience included previous employment handling patients as a hospital attendant or practical nurse, in a military or civilian setting. States with an above-average ratio of aides with prior relevant experience included Washington (49 percent), Oregon (45 percent), Florida (36 percent), California (35 percent), Ohio (34 percent), Delaware (33 percent), Colorado (32 percent), Texas (31 percent), and Illinois and New Jersey (30 percent) (table G).

Prior experience was more common among women. Thirty-one percent of the female aides had had some relevant work experience, as compared with 21 percent of the men. It was also more frequent among aides 35 to 44 than in any other age group. Differences by education were minimal.

Table 8.—Percent of Aides With Previous Relevant Experience, by Selected Characteristics, 1963

Characteristic	Percent
Total (R=7,246)	26.8
Men (R=2,999)	20.7
Women (R=4,247)	31.1
Education:	
Grade 4 or less (R=51)	23.5
1–3 years college (R=564)	29.6
Age:	
Under 21 years (R=218)	7.8
35–39 years (R=717)	31.8
40–44 years (R=841)	32.5
65 years and over (R=154)	20.8

The previous experience reported for 27 percent of the aides ranged from 1 to 48 months or more. Six percent had had less than a year's experience, 5 percent from 1 to 5 years, 7 percent from 2 to 4 years. Nine percent reported 4 or more years of experience.

Additional information on the job background of aides is afforded by replies to some of the questions asked of members of the subsample in the course of the interviews conducted with them. Almost half (46 percent) were working at the time of application for employment. This ratio was somewhat higher for men than for women and for aides 25 to 35 years of age (in 1963) than for persons younger or, with some exceptions, older. Of those not working at the time, nearly all (83 percent) had had some prior work experience. More than half the jobs held on application, or employed at an earlier time, were in occupations classified by the Census Bureau as "operators and kindred workers" and "service workers." The former includes such major groups as truckdrivers and deliverymen; assemblers; auto service and parking attendants; checkers, examiners, and inspectors; and machine operators in manufacturing concerns. The service occupations include barbers, hairdressers, cooks, waiters, attendants, janitors, porters, guards and watchmen. Nine percent were working as clerical workers when applying for the aide job; of those not working, 15 percent had once had clerical jobs.

Table 9.—Percent Distribution of Aides Working at Time of Job Application by Occupation

Occupation	Percent
Total (R=1,042)	100.0
Service workers (other than household)	36.0
Operatives and kindred workers	22.6
Clerical and kindred workers	8.5
Salesworkers	6.2
Private household workers	5.8
Craftsmen, foremen and kindred workers	5.1
All other	15.7

RACE

Negroes and members of other nonwhite races are represented among psychiatric aides in excess of their proportions in the total labor force. Negroes comprised 18.6 percent of all aides, and other nonwhites, 1.4 percent (table H). In the United States in 1960, Negroes constituted 9.8 percent of the labor force; other nonwhites, 0.8 percent.[10]

By State the proportion of Negroes among aides varied from zero to 86.5 percent. Fourteen States—8 in the West, 3 in the Middle West, and 3 in New England—reported no Negroe aides. It was in excess of 10 percent in 21 States, of 20 percent in 15 States, of 30 percent in 10 States, of 50 percent in 3 States. One State, not identified here because it has only one institution, reported that 87 percent of its aides were Negroes. The other two States with half or more of its aides Negro were New Jersey with 68 percent and Delaware with 51 percent (table H).

Most Southern States showed Negro percentages above the average for the country as a whole. The relatively large number of Negro aides in these States was related in part only to the relative size of the Negro population; with some exceptions, the ratio of Negro aides exceeded the ratio of Negroes in the population. The same phenomena could be observed in the North. Almost one-third of all aides in Indiana and Kansas were Negroes, whose ratio in the general population was 6 and 4 percent, respectively. New Jersey, where Negroes constituted 9 percent of the population in 1960, reported as previously indicated that two out of three aides were Negroes.

On the other hand, Negro aides in such Southern States as Alabama, Louisiana, Tennessee, and Texas were from one-half to one-fifth as frequent as might have been expected on the basis of their numbers in the general population.[11]

Undoubtedly the factors influencing the proportion of Negroes among psychiatric aides vary in kind and in importance from State to State. Among them are their numbers in the total population, segregation practices in some States in the selection of personnel serving white and Negro patients, the presence on the statute books of a fair employment practices code and its enforcement, the relative place of the aide's job in the job hierarchy in the community, the general condition of the labor market, and the general wage scale for aides.

Other nonwhite races were of significance in two States only (table H). In both States nonwhites other than Negroes are found in substantial numbers in the general population.

The proportion of Negroes among aides rises to a peak in the age grouping 25 to 29 and declines slowly thereafter.

Table 10.—Percent of Aides, Classified as Negroes, by Age, 1963 (R=6,583)

Age	Percent	Age	Percent
Under 21	20.1	45 to 49	14.1
21 to 24	25.1	50 to 54	9.1
25 to 29	31.6	55 to 59	6.8
30 to 34	31.2	60 to 64	5.1
35 to 39	25.6	65 and over	6.4
40 to 44	20.3		

The age-race ratio may be associated with recency of employment. If the proportion of Negroes among aides has been rising in recent years, it would be reasonable to expect the largest impact in the younger age groups.

There were no large differences between men and women aides with respect to racial composition. There were important differences, however, in the age distribution. Among men, the ratio of Negroes was

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[10] *Ibid.*, Final Report, PC(1)-1C, Table 83; PC(2)-1C, Table 32.

[11] *Ibid.*, table 56.

Table 11.—Percent of Aides Classified as Negroes, 1963, by Initial Year of Employment at Hospital (R=1,967)

Year employment began	Percent
1961–63	22.2
1958–60	19.9
1954–57	18.2
1918–53	13.3

at its maximum in the age class 30–34 years, 27 percent of whom were Negroes. The peak Negro ratio among women occurred in the age class 25 to 29, when 39 percent were of that race. Thus, while the relative concentration of Negroes by age followed the same general curve in both sexes—up, from an initially high point, to an early peak, followed by a gradual decline—the peaking came earlier to women, and at a higher level. The reasons for this are not clear, but may have something to do with the relative attractiveness of the aide's job at different stages of the working life pattern of men and women, particularly of Negro men and women.

COUNTRY OF BIRTH

All but 2 percent of the aides interviewed in the study were born in the United States. Aides of foreign birth were concentrated in the older age groups, and for the most part had been living in the country for 30 or more years.

MARITAL STATUS

Two out of three aides were married and living with spouse. Half of the remainder were single; the others were widowed, divorced, or separated (table I).

Relatively fewer male aides in the younger age groups were married than might have been expected from census data on the marital status of male members of the labor force in the general population. This disparity narrows in early middle age and disappears altogether in the age class 50–54 years. Among male aides 50 years and over, between 80 and 90 percent were married men. This distribution is similar to that of the male labor force in the general population in 1960.

A somewhat different picture is presented by women aides. In every age group the proportion married and living with husband exceeded the comparable percentage among female numbers of the labor force in the 1960 census. The decline, furthermore, in the relative size of the married group with advancing age was less marked among female aides than among women in the labor force in 1960. There were fewer female aides who were widowed, and fewer separated and single than their counterpart in the general female labor force.

Table 12.—Percent of Aides Who Were Married, Spouse Present, 1963; and Percent of Labor Force Members Who Were Married, Spouse Present, 1960; by Selected Age Classes, and Sex

Age class	Male		Female	
	Psychiatric aides, 1963 (R=3,281)	Labor force, 1960	Psychiatric aides, 1963 (R=4,759)	Labor force, 1960
20–24	[1] 35.3	46.3	[1] 57.4	44.2
30–34	73.3	84.0	75.6	68.5
40–44	77.6	87.7	79.2	70.7
50–54	85.5	85.9	72.0	59.8
60–64	81.2	83.4	55.1	37.7

[1] Age class 21–24 years.

Source of data, Labor Force, 1960: U.S. Bureau of the Census, *U.S. Census of Population: 1960*, Final Report, PC(1)–1D, Table 196.

Some additional information on marital status was developed in the course of the interview conducted with a subsample of aides. For example, nearly all the aides married at the time the study was made had been married when they first applied for the job. There were no important differences in marital status by educational attainment, although aides who had taken some college work seemed to have married later in life than the others. The relative number who had married more than once was approximately the same for male aides as for men and women in the general population—about one in seven; [12] but among female aides this ratio was about one in four.

LIVING ARRANGEMENTS

The great majority of aides lived away from the hospital in households shared with other members of the family. In only 6 percent of the institutions visited in the course of the study was a room provided aides without charge. In the other 94 percent, aides were expected to make their own living arrangements. The provision of a room without charge was more frequent in smaller hospitals.

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[12] U.S. Bureau of the Census, *U.S. Census of the Population: 1960*, Final Report, PC(1)–1D, Table 176.

Table 13.—Percent of Institutions Providing Room Without Charge, by Number of Aides Employed, 1963

Number of aides in institutions (R=252)	Percent
Total	6.0
Under 49	18.6
49–157	7.0
158–282	2.4
283–403	.0
404–535	4.9
536 or more	2.4

The households of which aides were members, according to the subsample interviewed, fell into a size pattern not markedly dissimilar from that of American households as a whole. About one in eight lived by himself; a little over one-fourth, in a two-person household; and 60 percent in households of three or more. How this distribution compares with households in the general population is indicated in Table 14.

Table 14.—Size Distribution of Households, Aides, 1963; U.S. Households, 1960

Size of household	Psychiatric aides, 1963 (R=2,270)	U.S. households, 1960
Total	100.0	100.0
1 person	12.3	13.3
2	27.7	28.0
3	21.7	18.9
4	15.2	17.2
5 or more	23.1	22.5

Source: U.S. household data from U.S. Bureau of the Census, *U.S. Census of Housing: 1960*, Final Report, HC(1)–1, Table J, p. XXIX.

The size distribution of aides' households by number of children under 18 is also reasonably comparable with that of all families enumerated in the 1960 census.[13] Among aides the proportions with no children under 18 and with one child were somewhat larger; the proportion with two and three children somewhat smaller. Rather similar, too, is the size distribution of household by age of head, the major difference being a more decided decline in size with age among aides' families[14] than among families in the general population.

Two-thirds of all aides, as noted above under "Marital Status," were living with spouse. Among such couples, the spouse was an active member of the labor force in 78 percent (90 percent when the aide interviewed was a woman). The spouse's membership in the labor force was at a peak when the aide was in the 30- or early 40-year age group. Place of employment was the hospital itself in one case in three and the job held at the hospital was usually (two out of three times) that of aide.

Other relatives as well worked in the hospital—in 10 percent of such cases, a child; in 8 percent, a parent; and in 43 percent, some other relative. (The spouse accounted for the remaining 39 percent.) Altogether 43 percent of the aides interviewed had relatives working in the hospital.

In general the longer the period of an aide's employment, the greater was the likelihood of a relative working in the hospital. The job held was commonly that of aide (64 percent), occasionally that of nurse (7 percent), or some other professional (4 percent). In one case in three a relative already at work in the hospital influenced an aide to apply for his job.

LENGTH OF RESIDENCE IN AREA

The general impression of social stability which emerges from a review of the personal characteristics of psychiatric aides is reinforced by the data on length of residence in the general area of the hospital.

Table 15.—Percent Distribution of Aides, by Length of Residence in Area, 1963

Years residence	Percent of aides (R=2,266)
Total	100.0
Less than 1	.1
1–4	13.7
5–9	16.3
10–14	14.5
15–19	11.7
20–29	18.0
30–39	11.8
40–49	8.6
50 or more	5.2

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[13] *Ibid.*, table 186.

[14] *Ibid.*, table 187.

Over two-thirds had lived in the area 10 or more years; over half, 15 years or more; one-quarter, 30 years or more.

LENGTH OF EMPLOYMENT

Data on length of employment indicate that over one-fourth of all aides had been working at the hospital 9 years or longer; over half, 5 years or more.

Table 16.—Percent Distribution of Aides, by Year First Employed at Hospital, and Sex, 1963

Year employed at hospital	Percent of aides		
	Total (R=8,392)	Men (R=3,417)	Women (R=4,975)
Total	100.0	100.0	100.0
1961–63	28.3	31.5	26.0
1958–60	22.1	23.6	21.1
1954–57	22.6	21.5	23.5
1918–53	27.0	23.4	29.4

Women aides had been working in the same institution somewhat longer on the average than men. Twenty-nine percent of the women had had 10 or more years in the same institution, as compared with 23 percent of the men; the group with less than 5 years was relatively smaller among women than among men aides. Median number of months of employment at same institution for women was 66 months; for men, 52 months.

State differences in average length of employment reflect differences in the attractiveness of the job, measured in terms of salary, working conditions, fringe benefits, job security and other features, as well as differences in the competitive attraction of other jobs for which aides might qualify. The number of employees with 10 or more years of employment was relatively large in Connecticut, Illinois, Massachusetts, Michigan, Minnesota, and New York, all States with a comparatively high salary level (table K). The number was relatively small in Florida, Indiana, Iowa, Louisiana, Mississippi, Missouri, and Tennessee, States with generally low salary levels (table J).

As might be expected, older aides are more likely to have more years on the job. Aides who had been working 10 or more years at the hospital rose progressively from 2.7 percent among persons 25 to 29 years, to 68 percent among persons 65 years and over.

Chapter II

SALARY AND WORKING CONDITIONS OF AIDES

SALARY

Annual salaries paid aides in early 1963 ranged from less than $1,000 to over $5,000 (table K). Median salary was $3,550. This was below the median income of all male workers in the United States in 1962, but above the median annual income reported by women workers for that year.

Table 17.—Percent Distribution of Aides, by Annual Salary, 1963; and Percent Distribution of Persons in the Employed Civilian Labor Force, by Income and Sex, 1962 [1]

Annual salary or income	Aides (R=8,395)	U.S. employed civilian labor force	
		Male	Female
Total	100.0	100.0	100.0
Under $1,000	.3	7.7	23.1
$1,000–$1,500	1.2	3.7	9.6
$1,501–$2,000	1.4	3.8	8.0
$2,001–$2,500	9.5	4.6	10.4
$2,501–$3,000	17.8	4.0	8.3
$3,001–$3,500	17.8	5.6	9.4
$3,501–$4,000	18.8	4.9	7.5
$4,001–$4,500	13.4	6.0	7.1
$4,501–$5,000	11.5	6.1	4.5
$5,001 and over	8.3	53.6	12.0
Median	$3,550	$5,240	$2,447

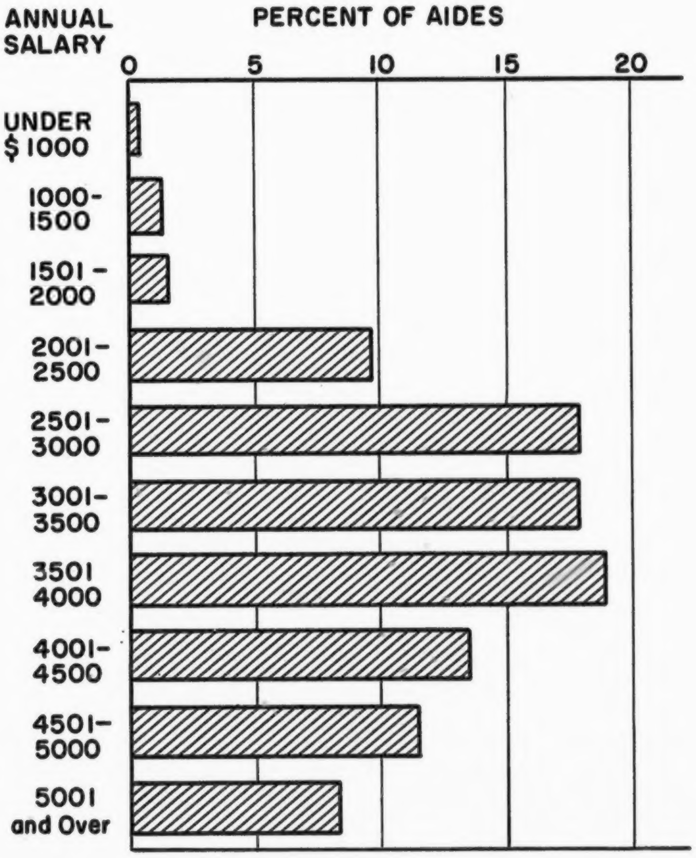
[1] Data on income of employed civilian labor force from U.S. Bureau of the Census, *Current Population Reports: Income of Families and Persons in the United States: 1962*, Series P-60, No. 41, Oct. 21, 1963, table 19. Income includes some income from sources other than wages or salary.

Median salary, *by State* (table K) varied from $1,230 (Mississippi) to $5,115 (State D)). The first five States by size of median salary were: State D, $5,115; California, $5,081; Michigan, $4,810; Connecticut, $4,430; New York, $4,230.

Four of the five low States were in the South: Mississippi, $1,230; Tennessee, $1,910; State O, $2,220; Louisiana, $2,270; Oklahoma, $2,325.

Figure 7

ANNUAL SALARY OF PSYCHIATRIC AIDES, 1963
(Median= 3550)



Ref.: Table 17

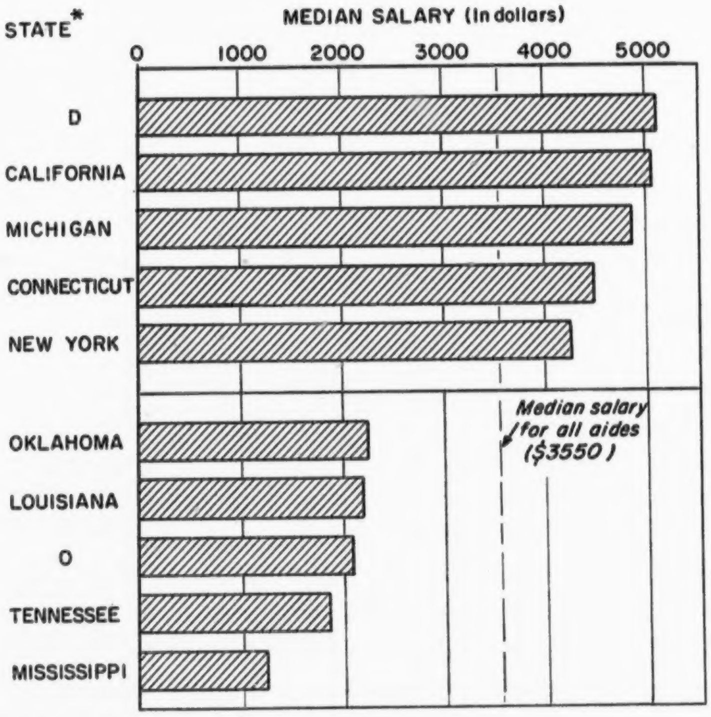
Another characteristic of the State data is salary range. As may be observed in table K, salaries are concentrated within a few intervals in some States such as Florida, Michigan, Tennessee, while in others there is a rather wide dispersion (i.e., Connecticut, New York, Pennsylvania, Wisconsin). Low ceilings on salaries may account for concentration in a few intervals in some States; in others, it may be due to a high minimum. Personnel policy favoring several grades of aides, and regular within-grade step increases, on the other hand, would favor a broad dispersion in salary structure.

Data *by race* indicate that on the average white aides earned a higher salary than Negro aides, and that Negro aides earned more than aides of other nonwhite races (table L). The calculated median salary for white aides was $3,405; for Negro aides, $3,160; and for aides of other races, $2,875. It will be noted that all three medians are below the median of $3,550 for all aides referred to earlier. The explanation is is that for about one-fifth of the aides, data on race were not obtainable and that this group included a substantial number of higher paid workers. The calculated median salary of the aides with data on race was $3,345, or $205 below the more representative median of $3,550. If data on race had been available on all aides in the sample, it is possible that the calculated medians for white and Negro workers would have been higher.

The salary disadvantage of Negro aides is related in part to their concentration in low-salary States. Of the 14 States in which they represented one-fourth or more of the total number (table H), 10 reported median salaries below the national median, including 2 States which ranked among the 5 lowest in the country. Another factor was the relative recency of employment of Negroes as aides (table 11), the effect of which on salary is discussed below. The extent to which, in addition, Negro aides occupied a disproportionate share of the lower paid aide jobs in a given State, irrespective of seniority, may also have influenced the size of the spread in the two medians.

Figure 8

MEDIAN SALARY OF AIDES IN SELECTED STATES PAYING HIGHEST AND LOWEST ANNUAL SALARIES 1963



Ref. : Text and Table K
*Some states are coded to avoid disclosure of individual hospitals.

In industry women tend to receive somewhat less pay than men for the same job, but this was not true of psychiatric aides in 1963. The estimated median calculated from sample data for *women aides* was $3,560, or $30 more than the $3,530 calculated for men. The explanation would seem to be that women, on the average, had worked longer on the job than men.

The relationship between *length of service* and higher pay is demonstrated in table 18.

Table 18.—Median Annual Salary of Aides, by Year First Employed, 1963

Year employed at hospital	Median salary
Total (R=8,395)	$3,550
1961–63 (R =2,360)	2,885
1958–60 (R=1,852)	3,335
1954–57 (R=1,896)	3,820
1918–53 (R=2,256)	4,315

In part the increased salary with longer service may may have been due to a policy of salary increments in some States related solely to service, and in part to promotions to higher paying aide jobs.

Salary level would also appear to be related to previous relevant experience. The longer the experience, the higher in general the annual salary. Whether such individuals are paid more on being hired, or, once hired, tend to advance more quickly, is not known.

Table 19.—Median Annual Salary of Aides, by Length of Previous Relevant Experience, 1963

Months previous relevant experience	Median annual salary
Total (R=8,395)	$3,550
1–5 months (R=198)	3,410
6–11 months (R=215)	3,520
12–23 months (R=381)	3,530
24–35 months (R=279)	3,665
36–47 months (R=225)	3,530
48 or more (R=637)	3,745

One may also observe a relationship between education and salary. Median annual salary was $2,860 for aides with no more than a grade 4 education, and $3,595 for aides who had completed college. With one exception the median was higher in each successive ranking by educational attainment (table M). The association may reflect salary classifications based in part on educational background. Another factor influencing the relationship is the tendency for the general level of educational achievement to be higher in high-salary States (tables F, K).

Completion of one or more training programs at the hospital is associated with higher salary. Median annual salary of aides who have been engaged in no training program was about $700 below that of aides who had completed at least one such program. Aides who had gone through two or more programs earned more, on the average, than aides who had had only one. Since employees with more training programs completed were also probably employees with longer service at the hospital, it is difficult to attribute higher salaries entirely to increased training.

Table 20.—Median Annual Salary of Aides, by Number of Training Programs Completed at Hospital, 1963

Number of programs	Median salary
Total (R=8,395)	$3,550
None (R=1,305)	2,825
1 or more (R=5,302)	3,530
2 or more (R=2,581)	3,840
3 or more (R=1,103)	3,940
4 or more (R=307)	3,905

Length of service would also appear to be the most likely explanation for the pronounced positive relationship between size of salary and age.

In view of the general upward trend in wages and salaries in recent decades, it is not surprising that the beginning salary for aides was generally higher for those more recently employed, and was lower for each successively older group of employees in length of service.

Almost all aides were earning more in 1963 than they were when first employed. The higher salary was the consequence of general increases in salary levels for all aides, as well as individual increases related to years of service or promotion to the next higher grade.

Table 21.—Median Annual Salary of Aides, by Age Groups, 1963

Age group (years)	Median salary
Total (R=8,395)	$3,550
Under 21 (R=240)	2,835
21–24 (R=789)	3,035
25–29 (R=915)	3,305
30–34 (R=804)	3,480
35–39 (R=829)	3,605
40–44 (R=965)	3,660
45–49 (R=1,091)	3,710
50–54 (R=1,049)	3,765
55–59 (R=899)	3,785
60–64 (R=512)	3,785
65 and over (R=182)	3,925

Table 22.—Median Beginning Annual Salary of Aides, by Year First Employed, 1963

Year first employed	Median salary
Total (R=8,395)	$2,502
1961–63 (R=2,314)	2,709
1958–60 (R=1,797)	2,648
1954–57 (R=1,813)	2,438
1918–53 (R=2,021)	1,975

The size of the difference between beginning salary and current (1963) salary was a function, in part, of the beginning salary level. Aides beginning at $1,000 or less had a better prospect of doubling or tripling their salary than aides beginning at $5,000, for the simple reason that $5,000 was near the top. The relation of average beginning salary to average current salary is shown in table 23, which indicates that in general the higher an aide's beginning salary, the higher was his 1963 salary, but the smaller it was as a percent of the beginning salary.

The statement that higher beginning salaries tended to be associated with higher 1963 salaries seems to be in conflict with two statements made earlier: (1) that longer service employees tended to have higher 1963 salaries, and (2) that longer service generally was associated with a lower beginning salary. The explanation may be in the selective character of the data. Aides with low beginning salaries are distributed throughout the 1963 salary

Table 23.—Relation of Aides' Beginning Salary to 1963 Salary

Beginning annual salary	Median annual salary, 1963	1963 salary as percent of beginning salary [1]
Under $1,000 (R=313)	2, 945	393
$1,001–$1,500 (R=506)	3, 220	258
$1,501–$2,000 (R=1,105)	3, 050	174
$2,001–$2,500 (R=2,079)	3, 110	138
$2,501–$3,000 (R=2,132)	3, 350	122
$3,001–$3,500 (R=1,026)	3, 860	119
$3,501–$4,000 (R=601)	4, 330	115
$4,001–$4,500 (R=139)	4, 580	108
$4,501–$5,000 (R=33)	5, 235	110
$5,001–$5,500	(2)	(2)
$5,501 or more	(2)	(2)

[1] 1963 median annual salary as percent of midpoint of beginning salary class interval.

[2] Not computed because sample less than 25.

structure, and one suspects that the long-service aides in this group are concentrated in the upper range.

Low beginning salaries are related, as noted, to first employment as an aide many years ago. They are more common in low-pay than in high-pay States, irrespective of chronology. Size of beginning salary correlates negatively with educational level attained, but the relationship is probably indirect and may reflect nothing more than the fact that low-salary States are also States with a low educational attainment level in the general population. Beginning salary seems to be related to previous experience only marginally.

Table 24.—Median Beginning Annual Salary, by Months of Previous Experience

Months previous experience	Median beginning annual salary
None (R=5,021)	$2, 420
1–5 (R=191)	2, 450
6–11 (R=201)	2, 530
12–23 (R=350)	2, 570
24–35 (R=266)	2, 535
36–47 (R=212)	2, 500
48 or more (R=595)	2, 595

HIRING BASIS

In roughly two out of three hospitals, aides were hired on the basis of regulations established under State or county civil service or merit systems. In general, such regulations were more common in larger hospitals. In institutions with fewer than 49 aides, almost half employed aides on some other basis.

Table 25.—Percent of Hospitals Hiring Aides Under Civil Service or Merit Regulations, by Number of Aides Employed, 1963

Number of aides employed in hospitals (R=251)	Percent
Total	65.3
Under 49 (R=43)	51.2
49–157 (R=43)	65.1
158–282 (R=41)	56.1
283–403 (R=41)	65.9
404–535 (R=41)	80.5
536 or more (R=42)	73.8

Somewhat fewer than half the institutions used an intelligence test as a screening device in hiring aides. The use of this procedure was more frequent in larger institutions. Only 16 percent of the hospitals with fewer than 49 aides reported employment of an intelligence test, but 71 percent of hospitals with 536 or more aides used such a test.

WORKING HOURS AND LENGTH OF WORKWEEK

In the great majority of institutions, aides worked an 8-hour day, and were on the job 5 days a week. One hospital reported a 7-hour day; 2 work their aides 9 hours; 1, 10 hours; and 10, 12 hours or more. The institutions with 7-, 9-, and 10-hour days are all small. The 10 institutions with 12 hours or more are widely distributed in terms of size.

Twenty-six hospitals reported a workweek longer than 5 days. Twelve worked their aides 5½ days; 11, 6 days; 1, 7 days; while 12 reported other practices. The larger the hospital, the more common, in general, was the 5-day week.

Compensatory time off rather than pay was the common method of payment for overtime.

SHIFT AND WARD ROTATION

Three out of four hospitals did not rotate aides regularly through shifts. The practice of rotation (from day to night shift, for example) was somewhat more common in very large hospitals—544 aides or more (37 percent) than in small hospitals—49 to 157 aides (19 percent). Seventy-seven percent of the aides in the interview subsample reported no change in shift in the preceding 6 months; 17 percent said they had been transferred once or twice; and 6 percent reported three or more changes in shift.

Most aides work on the day shift. Among the aides interviewed, 57 percent reported working on the day shift, 28 percent the evening shift, and 14 percent the night shift. (The remainder said they moved around among all three shifts.) Longer service employees and aides who were over 65 were more likely to work the night shift than others. General satisfaction was expressed by aides with their shift assignment. (Eighty-four percent liked it "very well"; 13 percent, "fairly well"; 2 percent said they liked it "not well at all.")

Of related interest for continuity of patient contact are data (also from the interview subsample) on ward transfers. Among aides in the employ of the hospital 10 or more years, the median number of months they had worked in their ward was 33. The median for employees of 6 to 9 years was 29 months; for employees of 3 to 5 years, 18 months. There was a tendency for older aides to remain longer in their assigned wards. Assignment to different wards in the 6 months prior to the study was reported by 91 percent of the aides interviewed—51 percent, once or twice; 13 percent, 3 or 4 times; 11 percent, 5 to 9 times; and 16 percent, 10 or more times. Eleven percent said they had been moved from one ward to another at least 20 times—or almost once a week.

ROOM AND BOARD ARRANGEMENTS

Reference was made in chapter I to the relative infrequency of live-in arrangements for aides at the hospitals covered by the present study. Only 15 of the 252 hospitals supplying information on this point (6 percent) stated that a room was provided without charge. These were, for the most part, small hospitals.

Only some of the 15 hospitals, however, made such provision for all their aides. At the time of the study, two had no aides living in; three provided rooms for up to one-fourth of their aides; six, for one-fourth to one-half. In four institutions only, were three-quarters or more of the aides thus provided for.

Meals, as a rule, were either eaten out, or when taken at the hospital, charged for. A charge was the practice in 84 percent of the institutions. Smaller hospitals, again, were more likely to provide this service without charge, the proportion rising from 7 percent in hospitals with 544 aides or more, to 44 percent in hospitals with fewer than 49 aides. Practice, again, was not always consistent with policy. In some of the hospitals which claimed to provide free meals, fewer than 50 percent of the aides were benefiting from the arrangement—whether by choice or for some other reason is not known.

VACATION AND SICK LEAVE POLICY

All hospitals covered in the study and furnishing information (250 hospitals) stated that they provided paid vacations for their aides. The most frequent annual leave arrangement was 10 working days (30 percent). Fifteen days was also common (24 percent of the institutions responding); 12 days (22 percent); and 13 days (10 percent). The larger the hospital, as a general rule, the more generous was the annual leave provision. Among hospitals with fewer than 49 aides, 5-day and 10-day vacations were in effect in over half the total. In hospitals with 287 to 243 aides, the 12-day vacation was the most common arrangement; while in hospitals with 409 aides or more, it was 15 days.

Table 26.—Percent of Hospitals Granting Specified Number of Days of Annual Leave, 1963

Number of days annual leave permitted	Percent (R=250)	Number of days annual leave permitted	Percent (R=250)
Total	100.0	12	21.6
		13	10.0
5 or less	6.4	14	4.0
7	2.0	15	24.0
10	30.0	16½	.8
10½	.4	21	.4
11	.4		

All but two of the hospitals responding on this item had a sick leave policy. Most frequently encountered was provision for 12 days of annual sick leave. Fifteen days was also common. Such practices did not vary by size of hospital.

Table 27.—Percent of Hospitals Granting Specified Number of Days of Annual Sick Leave, 1963

Number of days annual sick leave	Percent (R=250)	Number of days annual sick leave	Percent (R=250)
Total	100.0	14	.8
		15	32.4
10	2.4	17	.4
11	.8	18	2.8
12	42.8	20 or more	6.0
13	10.8	No stated policy	.8

PROMOTION PRACTICES

Aides were asked: "Since you've been at this hospital, have you ever been promoted?" The replies were about equally divided; 49.5 percent said Yes, and 50.5 percent said "No." Understandably, aides with longer years of service were more likely to reply in the affirmative. The percent who had had at least one promotion was 30 percent for employees with less than 2 years' service, but 66 percent for those on the job 10 or more years. Educational background bore no relationship to the likelihood of promotion, but age did, since it is linked with length of service. Data cited earlier on the association between salary size and length of employemnt suggest that a promotion policy was more general than the 49.5:50.5 ratio would imply.

RETIREMENT PROGRAM

Of 220 hospitals reporting on the availability of a retirement program for aides, only 10 (4.5 percent) indicated that the institution had none. The minimum number of years of employment necessary for retirement at full benefit varied from 2 to 40 years. The most common requirement was at least 10 years. service. Differences by size of hospital were not significant.

Table 28.—Percent of Hospitals With Specified Minimum Number of Years of Service Prior to Retirement for Full Retirement Benefit, 1963

Years of service	Percent (R=250)
Total	100.0
2–9	14.5
10	22.3
11–20	14.5
21–40	19.5
Various	5.0
No length of service requirement	19.5
No retirement program	4.5

Minimum retirement age varied from 50 to 65 years. The two most frequently encountered were age 65 and age 60 to 62. One institution in seven set no minimum age requirement. Larger hospitals tended to permit retirement at an earlier age than small hospitals.

Table 29.—Percent of Hospitals With Specified Minimum Age for Retirement at Full Benefit, 1963

Age	Percent (R=229)
Total	100.0
50–58	19.2
60–62	32.3
65	31.9
Varies by sex	2.2
None	14.4

EMPLOYEE ORGANIZATIONS

A significantly large number of institutions—44 percent—reported that some of their aides were members of associations and other employee organizations recognized by the hospital for collective-bargaining purposes. Such organizations were least common in small institutions—26 percent—and became more frequent with each increase in hospital size. Among hospitals with 544 aides or more, 2 out of 3 reported dealing with organizations recognized by the administration.

EMPLOYEE TURNOVER AND JOB APPLICANTS

Employee turnover is one measure of the attractiveness of the job. The turnover rate expresses quantitatively the net effect on employee satisfaction with such characteristics as salary, working conditions, job security, and inherent job appeal in comparison to other types of work.

Data obtained from institutions in the survey, adjusted to include estimates for nonreporting hospitals, suggest that on January 1, 1962, there were 91,000 aides working in State and county hospitals for the mentally ill, that 26,000 were separated from their jobs during the year, and that 28,000 were hired, resulting in a staff at year's end of 93,000.

If the turnover rate is based on separations as a percent of staff on the first of year, these data yield a rate of 29 percent. Based on accessions as a percent of staff at year's end, the rate is 30 percent. Both measures indicate a comparatively high turnover rate. Turnover was higher in smaller institutions. This difference may reflect the differences in salary levels and working conditions noted earlier. When more than one employee in four has had less than a year's experience, it means a larger investment in supervision time and training than would be necessary if turnover was lower.

Table 30.—Turnover Rate in Hospitals of Specified Size, 1962 [1]

Size of hospital (number of aides)	Estimated number of aides on payroll Jan. 1, 1962	Estimated separations during 1962	Turnover rate (separations as percent of aides on payroll Jan. 1, 1962)
Total[2]	90,825	25,925	28.5
Under 49	1,375	490	35.6
49–157	4,500	1,930	42.9
158–282	10,155	2,935	28.9
283–404	14,800	4,530	30.6
405–535	20,650	5,485	26.6
536 or more	39,010	10,455	26.8

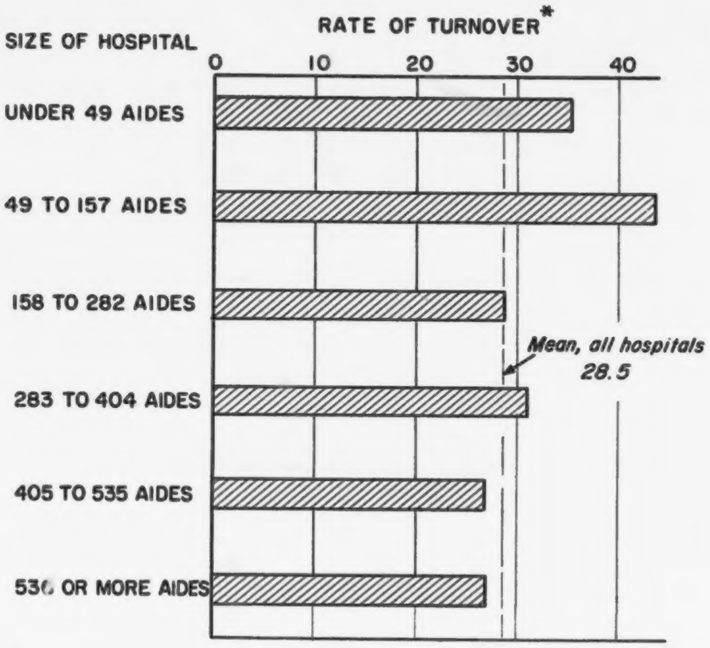
[1] Data are for 246 hospitals and estimates for an additional 36, or a total of 282.

[2] Sum may not add to total because of rounding and data from hospitals with no information on size.

High turnover was associated with a fairly abundant supply—in the aggregate—of job applicants. In addition to the 28,000 aides hired during the year, some 60,000 job applications were processed and rejected. Eligible job applicants with names on file at the end of 1962 numbered an estimated 46,000. Aide positions authorized on January 1, 1962, numbered some 3,700 more than aides on the payroll on that date, some 2,800 more on December 31, suggesting that—again in the aggregate—resources were adequate for hiring needed aide personnel.

Figure 9

RATE OF AIDE TURNOVER IN HOSPITALS
1962



*Rate of turnover is defined as separations per 100 aides on payroll 1-1-62
Ref.: Table 30

Chapter III

JOB DUTIES AND JOB ATTITUDES OF AIDES

For the purpose of the present study, as noted in the "Introduction," aides were defined as all those subprofessional mental health workers who are engaged in direct patient contact primarily on wards, and who are not called upon to use specialized vocational skills (such as barbers, gardeners, etc.).[1] This chapter examines their job duties, their attitudes toward the job, and their occupational aspirations.

SUPERVISION OF AIDES

About 70 percent of all aides interviewed stated that they were supervised by a registered nurse, about 3 percent by a licensed practical nurse, some 19 percent by a supervising aide, and 7 percent by a person holding some other job title. Eighty-nine percent said they reported regularly to someone on the condition of their patients. In 6 cases out of 10 the person reported to was a nurse; in 3 cases in 10, it was the "charge attendant." The psychiatrist was reported to by 13 percent of the aides, and still another person by 4 percent. Such contacts (either verbal or written), in two cases out of three, took place five to nine times a week. Only 31 percent said they regularly attended staff meetings.

JOB DUTIES

To judge by their descriptions of what they do, aides perform a wide variety of tasks ranging in skill and importance from nursing care to housekeeping.

Information on aides' duties and responsibilities comes from answers to a question asked of members of the interview subsample, "Which of these things do you actually do on the job?" By "these things," the interviewer referred to a card on which were listed, in random order, 32 activities. (These are given in detail in table N.) For purposes of analysis, they may be grouped into six general classes:

A. *Nursing care*, such as giving medicine to patients, taking temperature and blood pressure.

B. *Counseling duties*, such as helping a patient discuss his problem, encouraging participation in games and other recreational activities.

C. *Monitorial duties*, such as breaking up fights, taking patients from one place to another, keeping dangerous objects from patients.

D. *Informational duties*, which include writing notes in patient's chart, reporting to nurse or psychiatrist on patient's condition.

E. *Housekeeping duties*, such as making beds, cleaning floors, collecting and distributing clothing and laundry.

F. *Performance improvement*, such as attending staff meetings and classes, familiarizing oneself with the patient's history.

All activities listed were reported by at least half the aides as part of their job; most of them, by 70 to 80 percent; some of them, by 90 percent or more. Three of the five nursing care duties were asserted by 90 percent or more of the aides to be activities they engage in. This was also true of two of the six counseling duties; four of the nine monitorial duties and one of the six informational duties. None of the housekeeping duties, and none of the performance improvement duties were reported by as many as 90 percent of the aides (table N).

By type, nursing and monitorial duties were the most frequently mentioned as part of the job. Counseling duties were third and houskeeping duties ranked fourth in frequency of appearance; and performance improvement, last.

Differences in duties and responsibilities by reason of sex, age, education, and length of service may be noted, but these were generally within narrow limits, suggesting that little differentiation in function has occurred among aides with respect to these characteristics. For example, the nursing care activity—take temperature, blood pressure, change dressings, and other medical care—was reported by only a relatively few more women aides than men aides; only a few more aides with a college education than

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[1] *Instruction Manual for Task Group Leaders*, p. 5.

Table 31.—Percent of Aides Who Engaged in Specified Duties, by Type of Duty, 1963 [1] (R=2,260)

Type of duty	Percent
Nursing care	87
Monitorial duties	87
Counseling duties	85
Housekeeping duties	80
Informational duties	76
Performance improvement	69

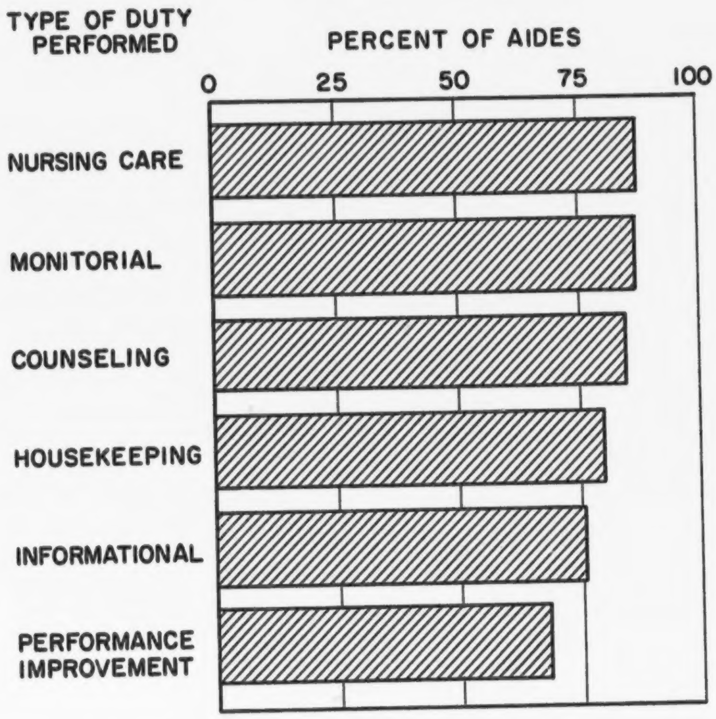
[1] Refers to the mean of the percentages of specific duties in each general type as listed in col. 1.

aides who had gone to grade school only; more trainees than supervisors. The washing of walls, windows, and floors was identified as an activity by relatively more women than men, more aides whose education stopped in grade school, fewer supervisors, more aides under age 21, fewer over age 59. That the percentage difference among those engaged in these and other activities classified by age, sex, education, and length of employment was not large is clear, however, from table 32.

The interview subsample was asked also whether the list of 32 activities omitted any important item. A third answered in the affirmative and volunteered one or more additional duties. Of the total, 27 percent fell into the category of nursing care; 24 percent, monitorial duties; 24 percent, counseling duties; 21 percent informational duties; and 17 percent housekeeping duties. Additional nursing care duties were more frequently offered by aides with a grade school education only; additional counseling duties, by aides with some college attendance. Additional house-

Figure 10

PERCENT OF AIDES REPORTING DUTIES PERFORMED IN HOSPITALS 1963



Ref.: Table 31

Table 32.—Percent of Aides Who Engaged in Specified Duties, by Selected Characteristics of Aides, 1963[1]

Characteristics	Nursing care	Monitorial duties	Counseling duties	House-keeping duties	Informa-tional duties	Performance improvement
Total (R=2,260)	87	87	85	80	76	69
Men (R=861)	84	88	85	78	75	69
Women (R=1,399)	88	87	85	81	76	68
Education:						
Grade 5 to 7 (R=110)	85	87	89	82	71	57
1–3 years college (R=305)	88	88	85	76	77	78
Employed since—						
1961–63 (R=531)	88	88	83	81	72	74
pre-1954 (R=524)	88	89	87	81	80	69
Age:						
21–24 years (R=232)	90	89	85	81	76	77
60–64 years (R=102)	86	86	84	78	74	62

[1] See table 31.

keeping responsibilities were mentioned least frequently by the poorly educated; most frequently, by the relatively well educated. The frequency of additional nursing care duties rose with age of aide offering them; that of additional monitorial duties, tended to drop with age of aide.

JOB DUTIES TAKING MOST TIME

Directors of nursing were asked what proportion of each aide's time was spent on nursing care—defined as "direct care of patients," and "doing something *for* and *with* the patient," For two out of three aides, the reply was from 75 to 100 percent. By State, the ratio of aides who gave from three-quarters to full time to nursing care varied from 10 percent in State H to 100 percent in four States (table O). The two-thirds' ratio was observed for young or middle-aged aides, and for aides with up to 10 years' service. Among older aides and aides with longer service, the ratio tended to be lower. There was no relationship between this characteristic and educational background.

Table 33.—Percent of Aides Who Spent From Three-Fourths to Full Time on Nursing Care, by Selected Characteristics of Aides, 1963

Characteristics	Percent
Total (R=7,730)	66.0
Employed less than 2 years (R=2,240)	67.5
Employed 10 or more years (R=2,009)	61.3
Age:	
21-24 (R=735)	67.9
55-59 (R=819)	64.1
60-64 (R=461)	60.3

Sex differences, and differences based on previous relevant experience or relevant training, were not significant.

The major role played by nursing care in the aide's schedule of activities is indicated also in the replies to the question: "Which three things do you spend most of your time doing?" The three most frequently mentioned were all of a nursing character: "Bathe patients and keep untidy ones clean" (mentioned by 41 percent of the aides in the interview subsample); "Give medicine to patients" (30 percent); "Feed bed patients and serve food to others" (21 percent) (table N).

Counseling duties were the second group most often mentioned. Of the six listed on the card, the first three *in terms of time consumed* were "Play games with patients, supervise and encourage their recreation"; "Encourage and reassure the patient"; and "Encourage patients to mix with each other."

The third class of activities in order of frequency of mention was monitorial duties, first among which was "Supervise patients in their work."

Ranking[2] fourth, fifth, and sixth, respectively, were housekeeping duties, informational duties, and performance improvement.

Table 34.—Relative Frequency of Mention of Duties Consuming Most of Aide's Time, 1963 (R=2,238)

Type of duty	Relative frequency[1]
Total	100
Nursing care	42
Counseling duties	20
Monitorial duties	16
Housekeeping duties	12
Informational duties	9
Performance improvement	1

[1] Relative frequency has been computed by grouping by general type of activity the percent of aides mentioning each of the 32 activities cumulating and converting the results to percentages that add to 100.

Some differences among types of duties consuming most time by sex and education and other characteristics may be noted. Women aides report devoting more of their time to nursing care than men aides, somewhat less of their time than men aides to counseling and housekeeping duties, considerably less of their time than men aides to monitorial duties. Aides whose education had not gone beyond grades 5–7, as compared with aides with 1 to 3 years of college, stated that they spent more time on nursing care and housekeeping duties, less time on counseling and informational duties, about the same amount of time on monitorial duties.

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[2] The terms "ranking" and "rank," as used here and elsewhere in the report, are not to be taken to imply that aides or nurses (ch. V) were asked to rank the relative importance, time consumption, etc., of the duties discussed. As the text indicates, aides and nurses were asked to identify the *three* most important, the *three* most enjoyable to do, the *three* most time-consuming, etc. The ranking references in the text are to be taken as referring to the relative position of each type of duty when arranged by percent of aides or nurses who mentioned them as most important, most time consuming, most enjoyable, etc. The percent for each type of duty represents the cumulative total of percents for each of the specific duties falling within the type.

Aides with longer years of employment reported devoting more time to nursing, monitorial, and informational duties than recently hired aides, but less time to counseling and housekeeping functions. Older aides, as compared with younger aides, gave more time to nursing care, less time to the other functions.

Table 35.—Relative Frequency of Mention of Duties Considered as Taking up Most of Aide's Time, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]			
	Nursing care	Counseling duties	Monitorial duties	Housekeeping duties
All aides (R=2,238)	100	100	100	100
Men (R=848)	80	109	128	118
Women (R=1,390)	112	98	87	88
Education:				
Grades 5-7 (R=108)	105	102	89	159
1-3 years college (R=301)	85	119	89	85
Employed since—				
1961-63 (R=531)	104	100	89	115
pre-1954 (R=521)	107	90	106	88
Age:				
21-24 (R=232)	85	134	115	85
60-64 (R=102)	123	105	83	74

[1] To compute relative frequency, the percentages of aides mentioning particular kinds of duties ars grouped by type of duty, cumulated and converted to fractional parts of 100 to show sex, education, and other differences, with the average for all aides taken as 100.

JOB DUTIES CONSIDERED MOST IMPORTANT TO DO WELL

Aides were asked which three activities they considered most important to do well. Nursing care was mentioned more frequently by aides than any other class of duties, followed by counseling duties, informational duties, monitorial duties, housekeeping duties, and performance improvement, in that order (table N).

How does the ranking by importance compare with the ranking by time consumed? Nursing care ranked first on both lists, followed by counseling duties. But monitorial duties, which ranked third in time consumed, was placed fourth in importance by aides, who considered informational duties of more importance. Housekeeping, in fourth place in terms of time consumed, ranked fifth with regard to importance.

Of even greater significance, perhaps, were the shifts in the relative number of aides identifying a given activity as either important or time consuming. Approximately the same proportion of aides thought nursing care took up the greater part of their time and was of first importance to do well. But more aides believed counseling to be of importance than claimed it took up most of their time. The same was true of informational duties. On the other hand, fewer aides thought monitorial and housekeeping duties were of importance than believed that these responsibilities took up most of their time.

In summary, aides believed that nursing care took up the most time and was first in importance to do well. Counseling and informational duties deserved more attention than they gave them and monitorial and housekeeping duties, particularly the latter, claimed more of their time than their importance deserved.

Table 36.—Relative Frequency of Mention of Duties Considered by Aides as Most Important To Do Well, 1963 (R=2,243)

Type of duty	Relative frequency [1]
Total	100
Nursing care	41
Counseling duties	25
Informational duties	17
Monitorial duties	12
Housekeeping duties	3
Performance improvement	2

[1] See note 1, Table 34 for explanation of relative frequency.

Sex and educational background differences in emphasis by type considered most important were consistent with differences noted earlier with respect to time consumed. Women aides, for example, placed more stress on nursing care than men aides, but less stress on counseling, monitorial, informational, and housekeeping duties. Aides with a limited education tended to emphasize nursing care, monitorial duties, and housekeeping more than did aides with some college education; on the other hand, the latter emphasized to a greater extent the counseling and informational functions.

Differences by length of employment and by age may also be observed. Aides with less than 2 years' employment considered nursing care, counseling, and housekeeping duties of somewhat more importance to perform well than did aides with 10 or more years employment; both groups gave approximately equal importance to monitorial duties; longer service aides believed informational services were important. Aides 21 to 24 years stressed more than did aides 60 to 64 years counseling, informational, and monitorial functions; older aides placed more emphasis on the nursing care and housekeeping functions.

Table 37.—Relative Frequency of Mention of Duties Considered by Aides as Most Important To Do Well, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]				
	Nursing care	Counseling duties	Informational duties	Monitorial duties	Housekeeping duties
All aides (R=2,243)	100	100	10	100	100
Men (R=850)	85	105	102	131	111
Women (R=1,393)	110	96	98	81	78
Education:					
Grades 5–7 (R=108)	125	84	43	125	211
1–3 years college (R=303)	76	118	137	94	78
Employed since—					
1961–63 (R=529)	106	104	92	92	89
Pre-1954 (R=524)	101	96	106	94	78
Age:					
21–24 (R=230)	90	120	88	117	56
60–64 (R=102)	131	89	78	72	78

[1] See note 1, Table 35 for explanation of relative frequency.

JOB DUTIES ENJOYED MOST

Job duties enjoyed most were the activities classified here as counseling. These drew approximately twice as many approving mentions as the duties grouped under nursing care which ranked second. Ranked third, and considerably below the first two, were the monitorial duties. Performance improvement activities ranked fifth and housekeeping last. As a group, housekeeping duties drew one-eighth the approvals accorded counseling (table N).

Some comparisons with the rankings by duties considered most important or most time consuming are of interest. Nursing care, considered by aides as of the most important and most time consuming, ranked second in popularity to counseling, which, as noted, was deemed second in importance and in amount of time required. Another contrast is presented by housekeeping duties, ranked fourth in time consumed, but last in importance and in enjoyment. Monitorial duties were deemed more enjoyable than important; the reverse was true of informational duties.

Women aides enjoyed nursing care and housekeeping duties more than men aides. Men aides registered greater satisfaction with duties relating to counseling, monitorial functions, and information transmission.

Table 38.—Relative Frequency of Mention of Duties Considered by Aides as Most Enjoyable To Do, 1963 (R=2,213)

Type of duty	Relative frequency [1]
Total	100
Counseling duties	50
Nursing care	25
Monitorial duties	10
Informational duties	7
Performance improvement	5
Housekeeping duties	3

[1] See note 1, Table 34 for explanation of relative frequency.

Differences by education were quite marked. Nursing care, monitorial, and housekeeping functions attracted more approval from aides with a limited education than from aides with some college attendance; the latter gave higher approbation to counseling and informational services.

Somewhat similar contrasts distinguished aides by length of service and age. More recently employed aides and young aides found counseling, monitorial, and informational duties more enjoyable than did aides with 10 or more years' service and aides in older age groups, who tended to give higher approval ratings to nursing care and housekeeping duties.

Table 39.—Relative Frequency of Mention of Duties Considered by Aides as Most Enjoyable To Do, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]				
	Nursing care	Counseling duties	Monitorial duties	Informational duties	Housekeeping duties
All aides (R=2,213)	100	100	100	100	100
Men (R=839)	69	109	113	120	78
Women (R=1,374)	121	95	87	90	111
Education:					
Grades 5–7 (R=108)	153	84	106	35	189
1–3 years college (R=296)	56	117	90	125	22
Employed since—					
1961–63 (R=524)	97	105	81	100	78
pre-1954 (R=513)	107	95	100	90	78
Age:					
21–24 (R=230)	77	111	90	100	89
60–64 (R=102)	137	77	123	90	167

[1] See note 1, Table 35 for explanation of relative frequency.

JOB DUTIES ENJOYED LEAST

The two job duties liked least were "wash walls, windows, and floors," and "break up fights, arguments, and keep harmony." Slightly over half the aides interviewed mentioned these two as among the three most onerous tasks. Also ranked low in esteem were "put away and distribute laundry and clothes," and "make beds, keep floors and equipment clean," two jobs which drew unfavorable comment from about one aide in four (table N).

As a class, housekeeping duties were the least popular, followed by monitorial duties, nursing care, counseling, informational duties, and performance improvement, in that order. In part, this ranking reflects the same likes and dislikes noted in the preceding section with respect to duties enjoyed the most. Housekeeping duties, which ranked sixth and last in the enjoyment scale, understandably stood in top place when scaled by the absence of pleasure in the performance. Counseling duties, ranked first in duties enjoyed the most, stood near the bottom of the unpopularity list. The other types occupied intermediate positions on both lists.

Men aides registered more disapproval of nursing care than women aides; on the other hand, relatively more women aides thought poorly of counseling, monitorial, and informational duties. Housekeeping duties were reported more unpopular with women than with men, even though housekeeping ranked higher among women than among men when these groups were asked the duties enjoyed most. This

Table 40.—Relative Frequency of Mention of Duties Considered by Aides as Least Enjoyable To Do, 1963

(R=2143)

Type of duty	Relative frequency [1]
Total	100
Housekeeping duties	43
Monitorial duties	31
Nursing care	14
Informational duties	5
Counseling duties	5
Performance improvement	2

[1] See note 1, Table 34

seeming inconsistency may have been a reflection of greater interest in the subject among women. Men, lacking such intensity of interest, neither hated nor loved it strongly.

Aides with a limited education showed the same degree of adverse feeling toward nursing care and monitorial duties as did aides with some college education, but expressed greater disapproval than the better educated of their counseling and informational responsibilities. On the other hand, aides with a limited education felt less disapprobation of housekeeping duties.

Aides with longer service or in their later years found monitorial and informational activities more onerous than did more recently employed or younger aides. The contrary was true of nursing care, counseling, and housekeeping duties. These differences do not in all cases match those discussed in the preceding section, for reasons which may have to do with differences in intensity of feeling, pro and con, about particular types of duties.

Table 41.—Relative Frequency of Mention of Duties Considered by Aides as Least Enjoyable To Do, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]				
	Nursing care	Counseling duties	Monitorial duties	Informational duties	Housekeeping duties
All aides (R=2, 143)	100	100	100	100	100
Men (R=819)	135	86	96	93	96
Women (R=1,324)	83	107	105	107	102
Education:					
Grades 5–7 (R=95)	115	186	88	207	86
1–3 years college (R=289)	115	86	89	71	102
Employed since—					
1961–63 (R=503)	118	107	101	93	98
pre-1954 (R=502)	95	93	104	121	92
Age:					
21–24 (R=224)	158	64	97	86	96
60–64 (R=93)	115	29	113	100	86

[1] See note 1, Table 35.

JOB DUTIES MOST IN DEMAND BY PATIENTS

Aides were asked, Which three job duties do the patients most often want you to do?

The three most frequently mentioned were "Play games with patients, supervise or encourage their recreation"; "Have friendly conversation with patients"; and "Help a patient discuss his problem." These three all fall into the group here classified as "Counseling Duties." As a group, such duties were decidedly those most in demand by patients. The second most frequent type of request, according to aides, concerned monitorial duties, followed by nursing care, informational duties, and housekeeping tasks, in that order (table N).

Comment is indicated on this ranking in comparison with the ranking of duties by how well aides enjoyed doing them, aides' views of their relative importance, and time consumed. Counseling duties, first in demand by patients, also ranked first in popularity with aides, suggesting that in part at least awareness of patient needs may have been influenced by an aide's preference to do the things he liked best. Counseling, as a class of duties, ranked second, however, to nursing care in importance and in time consumed, as viewed by the aides themselves. Housekeeping duties, ranked near the bottom by aides in patient demand, ranked last with them in tasks enjoyed, and in importance. Monitorial and informational duties occupied an intermediate position in volume of demand, in pleasurable quality, and in importance. Nursing care also held an intermediate postion with respect to demand, although recognized by aides as first in importance and as the second most liked class of duties.

Table 42.—Relative Frequency of Mention of Duties Considered by Aides To Be Most in Demand by Patients, 1963 (R=2,221)

Type of duty	Relative frequency [1]
Total	100
Counseling duties	51
Monitorial duties	21
Nursing care	19
Informational duties	6
Houskeeping duties	3
Performance improvement	0

[1] See note 1, Table 34.

The responses throw considerable light on the effect of sex, education, and age of aide on his awareness of patient needs. It is, of course, possible that patients are influenced in their requests by sex and age of aide, and to some extent differences among aides in their response to the question reflect patient adaptation to these characteristics. On the other hand, it is difficult to imagine that patients, in their relationship with an aide, are always conscious of his education or length of employment.

Male aides, as a group, reported a smaller demand by patients for nursing service than did women aides, about the same volume of demand for counseling and housekeeping services, but a greater demand for monitorial and informational services. Aides with little education were more impressed than aides with some college background by the demand for nursing care and for housekeeping services; less impressed with the demand for counseling, monitorial, and informational services.

A rather odd combination of duties marks contrasts in demand reported by aides of differing length of employment. Aides less than 2 years on the job reported more demand for nursing care and for counseling than aides with 10 or more years of employment; but fewer requests for monitorial and informational services. Age differences are not at all consistent with differences by length of employment. Young aides were more conscious than older aides of the demand for informational services; with this exception older aides reported more patient demand for nursing care, counseling, and other types of services.

SUMMARY: ATTITUDES OF THE AIDE TOWARD HIS DUTIES

The attitudes of the aide toward his duties may be summarized as follows:

1. The aide regards *nursing care*, which occupies the greater part of his time, as his most important function. Nursing care, however, ranks second in popularity with him, and occupies third place when services are ranked by volume of demand by patients.

Table 43.—Relative Frequency of Mention of Duties Considered by Aides To Be Most in Demand by Patients, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]				
	Nursing care	Counseling duties	Monitorial duties	Informational duties	Housekeeping duties
All aides (R=2,221)	100	100	100	100	100
Men (R=851)	82	102	110	111	113
Women (R=1,370)	111	99	95	94	100
Education:					
Grades 5–7 (R=108)	151	93	79	61	175
1–3 years college (R=296)	65	113	110	94	50
Employed since—					
1961–63 (R=524)	112	101	89	83	88
pre-1954 (R=515)	86	93	123	122	100
Age:					
21–24 (R=229)	104	104	98	94	75
60–64 (R=102)	144	77	102	72	225

[1] See note 1, Table 35.

2. First in popularity with aides, and most often encountered as an expressed patient need, are the *counseling services*. Aides view these services as second in importance only to nursing care, and report that they take up more time than any other function except nursing services.
3. *Monitorial services* are the second most frequently expressed need of patients, but are regarded by aides as fairly low on the scale of importance and of only average appeal as an enjoyable activity.
4. *Informational duties* have an intermediate position with respect to popularity with aides, importance in their eyes, and volume of patient demand.
5. *Housekeeping* is ranked last in importance and in popularity, does not take up too much of the aide's time, and is low on the patient demand list.
6. Relatively more *men aides* than women aides thought it important to perform their counseling, informational, monitorial, and housekeeping functions well; the reverse was true of nursing care functions. Men aides put a higher enjoyment rating on counseling, monitorial, and informational duties; women aides, on nursing and housekeeping duties. Patient demand for all but nursing care services was reported at a higher level by men than by women aides. (See also tables S, T, U.)
7. *Aides with some college education* rated nursing care, monitorial, and housekeeping duties as less important than did aides who failed to complete grade school. They put a higher value on counseling and informational services. They registered greater satisfaction in performing their counseling, monitorial, and informational duties; less satisfaction in nursing care and housekeeping duties. Consistent with these differences, college-educated aides reported a higher demand for counseling, monitorial, and informational services than aides who had gone only as far as the 5–7 grades; a lower demand for housekeeping and nursing care services. (See also tables P, Q, R.)
8. *Recently employed aides* tended to put a higher value than older aides on the importance of nursing care, counseling and housekeeping services; to put a lower value on informational services; and about the same value on monitorial services. They reported more enjoyment in performing their counseling and informational functions; less enjoyment in the performance of the nursing care and monitorial functions. They put at a lower level than longer employed aides the volume of patient demand for monitorial, informational, and housekeeping functions; they put at a higher level the demand for nursing care and counseling functions.
9. *Younger aides* valued the importance of counseling, monitorial, and informational services more than older aides; they put less value on nursing care and housekeeping. They professed to take less pleasure than older aides in the performance of their nursing care, monitorial, and houskeeping duties, but more pleasure in their counseling and information functions. In reporting on services most in demand by patients, they put more stress than older aides on counseling services; less stress on other services.
10. Although 69 percent of all aides stated that they were engaged in duties involving performance improvement, this class of duties was considered by very few as consuming most of their time, or most important to do well. This group of duties was also regarded by very few as most enjoyable or as least enjoyable.

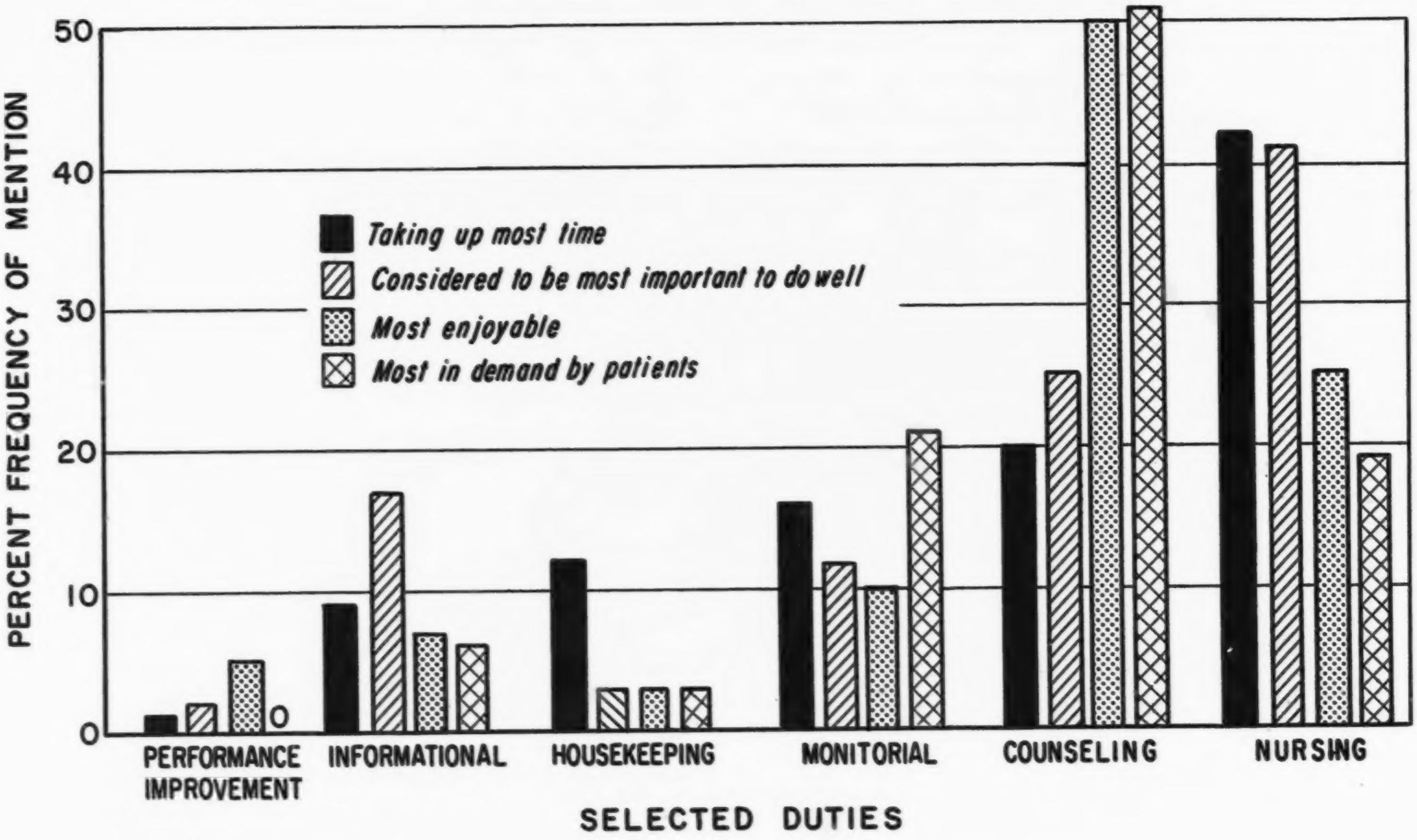
JOB CHANGES SUGGESTED BY AIDES

Four out of five aides queried in the course of the interview had suggestions for specific changes in their job. The most frequently voiced (by 26 percent of all aides interviewed) was for a larger staff; i.e., they felt overworked. The next two suggestions in order of frequency were for a closer association or relationship between aides and patients (23 percent), and for fewer housekeeping and guard duties (21 percent). Ten percent thought aides were underpaid and suggested a higher pay scale. All other suggestions amounted to less than 10 percent support.

For convenience in analysis, the suggestions may be classified into six groups. Their characteristics,

Figure 11

PERCENT OF AIDES REPORTING SELECTED DUTIES TAKING MOST TIME, MOST IMPORTANT, MOST ENJOYABLE AND MOST IN DEMAND
1963



Ref.: Tables: 34, 36, 38, 42

and the relative frequency (converted into numbers which add to 100) were as follows:

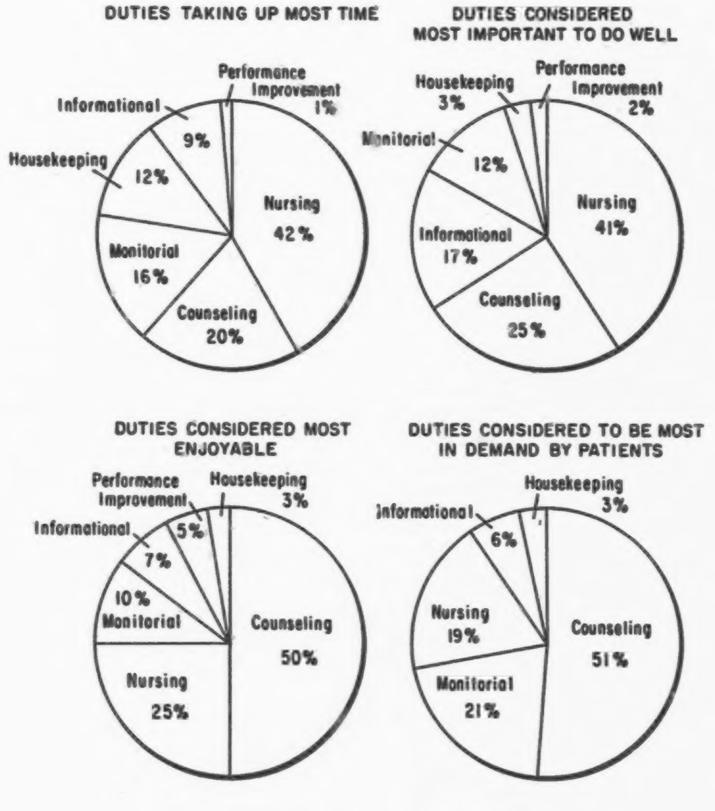
A. Improvements in pay and working conditions	23
B. Higher educational and other requirements for job	1
C. More or better job training	13
D. Better staff relations	5
E. Upgrading of job: more emphasis on patient care and professional responsibilities, fewer cases, fewer menial tasks	53
F. Other and general	5

Differences among aides with regard to types of suggestions made and emphasis are worth noting. Men made relatively more suggestions for better pay and working conditions, and for more or better job training. Women, on the other hand, more frequently offered proposals for upgrading the job. The higher the educational attainment, and the younger and more recently employed the aide was, the more likely he was to make suggestions for improvement, particularly with regard to more job training.

The proportion of aides who had no suggestions to make was larger among the less educated, older employees, and employees with long years of service.

Figure 12

PERCENT OF AIDES PERFORMING SELECTED DUTIES BY CERTAIN DUTY CHARACTERISTICS 1963



Ref.: Tables 34, 36, 38, 42

Table 44.—Relative Frequency of Mention of Suggestions for Changes in the Job of the Aide, by Type of Suggestion, and Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]		
	Improvements in pay and working conditions	More or better job training	Upgrading of job, more professional responsibilities, fewer cases
All aides (R=2,230)	100	100	100
Men (R=844)	119	105	91
Women (R=1,386)	94	89	108
Education:			
Grade 5-7 (R=103)	72	26	76
1-3 years college (R=305)	147	126	117
Employed since—			
1961-63 (R=521)	103	95	112
pre-1954 (R=522)	88	89	87
Age:			
21-24 (R=231)	116	89	128
60-64 (R=93)	59	32	68

[1] See note 1, Table 35.

Table 45.—Percent of Aides Who Had No Suggestion To Offer for Changes in the Aide's Job, by Selected Characteristics of Aide, 1963 (R's as in table 44)

Characteristics	Percent
All aides	28
Men	29
Women	27
Education:	
Grades 5-7	39
1-3 years college	17
Employed since—	
1961-63	27
pre-1954	32
Age:	
21-24	22
60-64	46

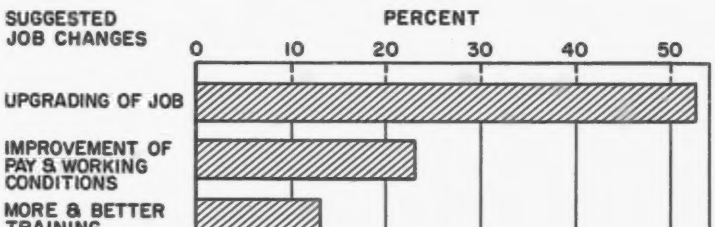
ADVICE TO A FRIEND INTERESTED IN AN AIDE'S JOB

To probe more deeply into the aide's job attitudes, interviewers asked what advice they would give a friend interested in applying for a job as aide. Some aides replied in terms of job advantages or disadvantages. More common was an answer referring to presumed job requirements, such as the proper point of view toward patients, and toward mental illness, the demands made on one's patience, tolerance, understanding, and qualities of a similar character. With few exceptions the replies revealed a positive attitude toward the job.

Advantages cited included working at an "interesting," "worthwhile," and "challenging" job; working with people; opportunities for education and

Figure 13

PERCENT OF AIDES SUGGESTING SELECTED TYPES OF JOB CHANGES 1963



Ref.: Text—Sec. on job changes by aides

self-development. A few mentioned also economic advantages: good salary, good fringe benefits, job security, promotional opportunities. More aides, however, called attention to economic disadvantages than economic advantages: poor salary, the hard and exacting character of the work, and the menial character of some duties.

Women aides with a college background, the more recently hired, and younger aides were inclined to stress the mental hygiene approach to the aide's job. The economic advantages were more often cited by men aides, by longer service employees, and by older aides. Economic disadvantages were more often stated by men than women, the college educated rather than the poorly educated, recent employees, and young workers. Job satisfaction other than economic appeared more important to women than to men, to grade school than to college-educated aides, to long-service and older aides, than to more recently hired and younger employees.

Table 46.—Relative Frequency of Types of Advice or Information To Be Given a Friend Interested in Aide's Job, 1963 (R=2,244)

Type of advice	Relative frequency [1]
Total	100
Job requirements: need to be understanding of patient and to want to help him	43
Job requirements: all other	3
Satisfaction in working at an interesting, worthwhile, challenging job	27
Economic advantages of job	7
Economic disadvantages of job	11
Other advice	9

[1] See note 1, Table 34.

Table 47.—Relative Frequency of Type of Advice To Be Given a Friend Interested in Aide's Job, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]			
	Cite need to be understanding of patient and to want to help him	Cite satisfaction in working at an interesting, challenging, worthwhile job	Cite economic advantages of job	Cite economic disadvantages of job
All aides (R=2,244)	100	100	100	100
Men (R=852)	91	80	105	131
Women (R=1,392)	106	113	97	79
Education:				
Grades 5–7 (R=108)	86	103	61	93
1–3 years college (R=302)	117	64	67	110
Working since—				
1961–63 (R=526)	103	97	94	114
pre-1954 (R=527)	92	110	139	72
Age:				
21–24 (R=233)	89	90	50	114
60–64 (R=97)	79	132	128	72

[1] See note 1, Table 35.

REASONS FOR SEEKING AIDE'S JOB

The nature of the work, rather than its economic rewards, is also emphasized in the reasons given for taking the job in the first place. Almost half the aides interviewed were working at other employment when they applied for the aide's position. Asked what made them shift, more cited the appeal of the work than its economic benefits. "I like people"; "I enjoy working with people"; "You meet all kinds of people"; "I get satisfaction out of helping people, making them happy, seeing them improve"; "the work is challenging, worthwhile, it gives me a feeling of accomplishment," were among the more frequent grounds offered for seeking the job. The economic inducements cited included good salary, good working conditions, fringe benefits, job security. As noted in chapter I, 43 percent of the aides interviewed had relatives working in the hospital; some offered this as a reason for seeking the job.[3] Residence in the area was another factor mentioned.

Table 48.—Relative Frequency of Reasons Given for Preferring Aide's Job to One Held at Time of Application, 1963 (R=1039)

Type of reason given	Relative frequency [1]
Total	100
Nature of work	51
Economic benefits	41
Other	8

[1] See note 1, Table 34.

The nature of the job rather than its economic rewards was stressed more by women than by men, more by aides with a college-level education than those who had failed to complete grade school and more by younger than by older aides.

Table 49.—Relative Frequency of Reasons Given for Preferring Aide's Job to One Held at Time of Application, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]	
	Nature of work	Economic rewards
All aides (R=1,039)	100	100
Men (R=460)	82	123
Women (R=579)	114	82
Education:		
Grades 5–7 (R=39)	68	138
1–3 years college (R=160)	109	88
Employed since—		
1961–63 (R=250)	110	109
pre-1954 (R=258)	86	106
Age:		
21–24 (R=99)	97	120
60–64 (R=31)	69	99

[1] See note 1, Table 35.

PREEMPLOYMENT IDEAS ABOUT AIDE'S JOB

With a majority of the aides interviewed professing they sought their jobs because of the nature of the work, it is interesting to review their ideas about the job before taking it. These may be gleaned from their replies to the question, "What kinds of things did you think you would have to do if you got the job?" a question accompanied by the showing of a list of 32 specific duties. (The list is the same as that referred to earlier in this chapter, table N.)

As a group, nursing care duties were most frequently mentioned. Three out of four aides expected such duties to be part of the job. (The percentage for specific duties ranged from 45 to 52 percent.) Monitorial duties attracted the second most frequent mention, and counseling the third. Housekeeping duties, informational duties, and performance improvement followed, in that order. It will be recalled that with a transposition of the counseling and monitorial duties, this was also the order when ranked by time consumed as reported by aides (table 34).

Table 50.—Percent of Aides Who Prior to Employment Expected To Perform Specific Duties as Aide, 1963 [1] (R=2,219)

Duties	Percent
Nursing care	76
Monitorial duties	67
Counseling	61
Housekeeping duties	59
Informational duties	50
Performance improvement	41

[1] For explanation of percent, see table 31.

Women aides reported themselves as having had somewhat more foreknowledge than men aides about nursing, but with this exception differences between the sexes were negligible. Aides with a college background more frequently expected to be engaged in counseling and informational duties than aides who had not completed grade school, but less frequently than the other group in housekeeping duties. Housekeeping duties also had loomed more in the consciousness of longer service than in that of more recently employed aides. With respect to each type of duty, the percent who had anticipated engaging in it was higher for aides 60 to 64 years than aides 21 to 24 years. (Data based on comparisons of a more recently

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[3] Although 43 percent said they had relatives working in the hospital at the time of the interview, only 27 percent had first heard of the job from a relative. A friend was the source in 40 percent, and other sources in 33 percent.

Table 51.—Percent of Aides Who Prior to Employment Expected To Perform Specific Duties as Aide, by Selected Characteristics, 1963

[Values are mean average for each type]

Characteristics	Percent				
	Nursing care	Monitorial duties	Counseling duties	Informational duties	Housekeeping duties
Total (R=2,219)	76	67	61	50	59
Men (R=844)	73	67	60	49	57
Women (R=1,375)	78	67	61	51	59
Education:					
Grades 5–7 (R=107)	77	70	61	52	66
1–3 years college (R=300)	76	69	66	55	57
Employed since—					
1961–63 (R=525)	74	66	62	50	52
pre-1954 (R=522)	76	68	59	49	65
Age:					
21–24 (R=232)	72	59	57	45	50
60–64 (R=102)	79	65	60	49	62

recalled and a more distantly recalled state of mind or belief may not of course be entirely reliable.)

OCCUPATIONAL ASPIRATIONS OF AIDES

Further insight into the job attitudes of aides is afforded by answers to a series of questions designed to bring out their occupational aspirations. Aides were shown a card on which were listed eight mental hospital jobs (aide, cook, registered nurse, gardener, occupational therapist, practical nurse, switchboard operator, and watchman), and asked which job was best for them. If they were able to, would they change to one of the other jobs on the list?

A majority of the aides (54 percent) thought their own job best (best suited) for them. Aides who believed another kind of work better for them distributed their choices rather widely among the occupations on the list. One of every four aides interviewed chose occupations of a skilled character but other than those dealing with patients; i.e., cook, gardener, other. Three in four, however, preferred jobs working with patients—aide, nurse, therapist.

The proportion who thought an aide job best was approximately the same for men and women, higher for the less educated and for older aides.

When asked to name the next best job for them, a majority of the aides (53 percent) selected one of the patient-serving occupations; i.e., registered or practical nurse, occupational therapist, aide. Working with patients in a professional or subprofessional capacity remained the dominant occupational image aides had of themselves, but the minority who had other aspirations (i.e., cook, gardener, etc.) went up from 27 (first choice) to 47 (second choice) percent.

Table 52.—Percent of Aides Who Thought a Specified Job Best for Them, 1963 (R=2,248)

Job	Percent
Total	100
Aide	54
Registered nurse	16
Cook	14
Gardener	11
Occupational therapist	4
Other	1

Aides were also asked whether they would want to change to one of the jobs on the list, "if you were able to." It is not known how aides interpreted this question, and how it differed in their minds from the previous question concerning the job "best for a person like yourself." In any event, almost two-thirds (65 percent) replied in the affirmative, although a little over half (54 percent) had thought the aide job best for them. This could be interpreted to mean that many who thought they were best *qualified* for an aide's job believed nevertheless that they would prefer working at some other job. How many such gave thought to the special educational and training qualifications needed for some of the other jobs, and had in mind circumstances under which they could undergo the education and training is unknown.

An affirmative answer to the question of whether they would want to change jobs was more common among women than men, and among the better educated and younger aides.

Table 53.—Percent of Aides Who Would Change to Another Job If "Able To," by Selected Characteristics, 1963

Characteristics	Percent
Total (R=2,267)	65
Men (R=865)	61
Women (R=1,402)	68
Education:	
Grade school (R=451)	46
1–3 years high school (R=639)	63
Completed high school (R=836)	74
1–3 years college (R=305)	70
Completed college (R=22)	86
Age:	
21–24 years (R=233)	82
30–34 years (R=229)	77
45–49 years (R=312)	55
60–64 years (R=102)	30

Over 90 percent of those who replied that they would change to another job, if able to, selected another job serving patients as the one they would change to. The three jobs in that class—registered nurse, practical nurse, and occupational therapist—are all, to be sure, better paying jobs as a rule, and are located at somewhat higher levels in the occupational status hierarchy in the hospital, which would be reasons enough to prefer them to the job of aide. The choice nevertheless is indicative of a job identification with the patient care function, rather than with food service and maintenance functions of the hospital.

Table 54.—Percent Who Would Change to Specified Job, Among Aides Who Would Change Jobs "If Able To," 1963 (R=1,459)

Job	Percent
Total	100
Registered nurse	46
Practical nurse	25
Occupational therapist	22
Other	7

The job of registered nurse seemed more desirable to women than to men, increased in appeal with more education, and had more attractions for aides under 35 years than for those past 35. Women also thought more highly of the job of practical nurse than men did, but the relationship with educational background and age was on the whole negative rather than positive. Occupational therapy appealed more to men than to women, and more to the better educated.

Second choice job preferences—to "change to" if "able to"—gave high place again to the occupations dealing with patients. Occupational therapist came first (38 percent), followed by practical nurse (28 percent) and registered nurse (16 percent). Other choices accounted for only 18 percent of the total.

Chapter IV

TRAINING FACILITIES AND PRACTICES

PREVALENCE OF FORMAL TRAINING PROGRAMS

Recognizing that the aide performs a valuable function in patient care, most State and county hospitals for the mentally ill have established training programs to augment his usefulness as a staff member. Nine out of ten institutions reported they conducted formal programs. The 11 percent without formal programs were for the most part small hospitals. In such institutions informal or on-the-job training is generally encountered.

Some institutions, particularly the very large ones, offer more than one training program at increasing levels of difficulty. Two-thirds of the hospitals reporting said they conducted two programs; slightly over 4 in 10 conducted 3 programs, and 2 out of 10 conducted 4 programs.

Instructors are usually drawn from the nursing staff. Of the total supplying information on this item, one hospital in three stated that supervisory aides and aide technicians participated in the instruction. Psychiatrists and other physicians, psychologists, and social workers are also asked to participate.

Program length varies widely, from fewer than 25 hours of classroom instruction to 120 hours or more. For 458 programs on which data were obtained in 1963, median number of hours of classroom instruction was 60, or somewhat less than 2 work weeks. Hours of supervised ward training ranged from less than 24 to more than 160, with a median of 38 hours.

Completion of the training program is accorded recognition in various ways. In two institutions in five it takes the form of a salary increase or promotion to a higher grade. More commonly, the event is marked by the award of a pin, certificate, a stripe on the uniform, or other visible symbols of achievement.

TRAINING PROGRAM CONTENT

Hospitals contacted in the course of the study were asked to submit copies of training materials used in their formal programs. Of the 210 hospitals which indicated that formal training was provided, 122 responded to the request and furnished materials which were currently in use in the basic and advanced educational programs, or which were proposed for future use in these programs.

The materials submitted were not prepared for a curriculum study, and are not of a homogeneous nature. They varied in kind and in completeness and included curriculum outlines, class schedules, procedure checklists, tests, study and reference materials, manuals, memoranda, and class assignments. Wide variance was indicated in time allotted to training program goals, philosophies of nursing care and training, and definition of terms related to nursing and programing. Some materials were prepared for a single hospital, others for statewide or regional use, and still others were adopted or adapted from the training program of a nationally known institution. In many instances it was not clear whether the materials were representative of the currently operating program in a hospital; in other instances there was evidence that the program was proposed for future use, or was currently undergoing revision.

These materials cannot be said, therefore, to provide a comprehensive picture of psychiatric aide training as it now exists, rather, they provide a sampling of curriculum plans and practices that some hospitals—not necessarily a representative sample—consider appropriate for aide training. A description of these materials is useful, nevertheless, because so little is available on the subject.

There is almost complete unanimity among hospitals on one point: curriculum content is directly connected with the job performance of the aide. A second point of agreement is that the program prepares the aide for working in the hospital in which he is trained. Although there is agreement on these two points, there is by no means unity in the philosophies concerning the role of the aide in the nursing care program, nor in the philosophy of training. Points of view in regard to the process of training vary not only from hospital to hospital, but evidence from the materials submitted indicates that a single hospital may operate from two educational methods points of view in the same program.

Content appears to fall into three groups: (1) content designed to acquaint the aide with policies and physical plan of the hospital; the functions of departments, and of categories of personnel; (2) content relating to care of patients; and (3) content relating to housekeeping activities. In a few cases a small amount of time is devoted to instruction in ward management.

When offered, the orientation to the hospital is usually specially geared for aides, but in some cases, it is also used for all new nursing personnel, or all new personnel. There is wide variation in time allotted for this period, and, in some cases, materials indicate that the aide begins to learn procedures after the first hour of orientation.

In most outlines, the major units pertaining to instruction related to patient care concern: (*a*) types of activities carried out in a general hospital without a psychiatric unit, or (*b*) activities that are more frequently carried out in a psychiatric facility. There appears to be dichotomization between physical aspects and psychological aspects of care activities for which aides are trained. There is also wide variance in time allotted to the teaching of each. One hospital allows five times as much time to physical care activities as to those incorporating psychiatric nursing; another hospital organizes the entire curriculum around psychological and psychiatric theory and care of patients with psychiatric disorders. In some cases, the psychological aspects of care are treated through a single lecture or film presentation.

It is impossible to determine how many hospitals provide formal training in housekeeping activities for the aide. Some included 1 to 8 hours; others did not include this learning in the outline of the program, but other materials from the same institutions indicate its inclusion. It is interesting to note that in some cases this instruction in housekeeping is given to assist the aide in teaching patients.

Half of the 58 hospitals submitting materials about advanced programs, sent information about more than one advanced program. The purpose of these programs varies. Some are arranged in ladderlike progression based on the basic program to broaden scope or depth in nursing care skills. Others prepare for ward management, or for specialized care activities. In still others the aide may proceed into any one of several advanced programs.

A number of the advanced programs are continuation programs with content determined by the type of basic training the aide has had. Some enhance the retraining received in the basic program. Others train for skills not offered in basic programs.

Remotivation techniques and occupational therapy activities, in some instances, are included in the basic program; in others, this content constitutes an advanced program. Many hospitals model the remotivation program on the outline developed at Philadelphia State Hospital. Other specialized courses prepare the aide for medical and/or surgical technician jobs.

Programs which prepare the aide for management and supervision are usually developed on the basic program. Some hospitals, however, include instruction in ward management in the basic program. The materials from some hospitals indicate that advanced programs in patient care skills must precede the courses in management and supervision; others do not.

Information concerning teaching methods drawn from the training materials reflect differences in beliefs about how people learn and what are the most effective methods of teaching. Some favor the didactic; some believe the learner must discover for himself; others provide incidental teaching in addition to the didactic; and still others believe that the didactic must be accompanied by supervised performance training. There is evidence in some materials that the teacher has responsibility for the major classroom experiences, whereas trainees observe, are led on tour, and give return demonstrations in procedures. In others, the trainees have a more active role in the learning process, including responsibility for reading assignments, and assigned study as well as participation in discussion.

There is wide variance in the amount of reading required and in the level of reading assignments for aides; some of the texts used are geared to the professional and/or practical nurse student; some of the procedure manuals used are geared to the physician level. However, in some cases materials are adapted to the level of the aide trainee and are provided for his use in mimeographed form.

Supervised training in the wards is offered by about two-thirds of the hospitals submitting training materials, but information about methods of ward teaching is scanty. In most programs evidence as to the trainee's work status during the period of the training program is equally scanty. It is, in most instances, difficult to ascertain the meaning of such terms as "ward assignment" and "supervised practice." However, some curricula are organized to indicate that the trainee receives all his instruction before being assigned to a ward.

No common sequence of instruction in procedures can be determined from these materials, except that bathing, the taking of temperature, pulse and respiration, and bedmaking are the procedures taught first. Some hospitals group content in blocks of related knowledge. However, there is no notable agreement about sequence in the teaching of these blocks. Blocks of learning may relate to body systems, groups of scientific knowledge, or blocks of learning about body systems which incorporate related groups of knowledges, including rehabilitation and interpersonal theory.

There is evidence from the training materials that some hospitals are searching for better ways of preparing aides for their responsibilities. The materials describing programs for these hospitals cannot be classified as basic or advanced; they are basic in that they are first courses, yet they carry the student's learning process further than any advanced program in the institution in which they are given. Programs of this type range in length from 300 to 900 hours. A 2-year certificate program (which is affiliated with a junior college) falls in this category. It also includes these extension training courses in psychiatric nursing for licensed practical nurses which are offered by some hospitals.

STATUS OF AIDES RELATED TO TRAINING

Reference was made in chapter I to the small number of aides who had had any relevant formal training prior to employment at the hospital.

Data furnished by institutions on individual aides suggest that formal training programs have reached approximately two-thirds of all aide personnel. This proportion had completed the first or basic program. One-third had finished two training programs; 14 percent had had three; and 4 percent, four or more.

By State, the proportion with some formal training varied from 15 percent in State K to 100 percent in 5 States.[1] (table V). There were few differences by sex, but the age data indicated a lower ratio among young (under 25) and old (over 60) aides. As noted in chapter II, aides who had completed a training program earned higher salaries than those who hadn't; the more training programs they had completed, the higher was the salary—a relationship affected in part by the salary increase or promotion which sometimes accompanied the completion of a training program.

The two-thirds ratio may understate the relative number of aides with some kind of formal training. Among aides interviewed, 89 percent reported having been in attendance at classes at the hospital related to the job. By years of employment, this proportion varied from 80 percent among aides with less than 2 years, to 95 percent for aides with 10 or more years. It increased, in general, with age, for reasons perhaps related to length of employment.

AIDES' ATTITUDES TOWARD TRAINING PROGRAMS

Three out of four aides interviewed said they needed additional training to be better aides. The proportion thinking additional training was necessary was higher for women than for men, for more recent employees, for younger aides, and for aides with some college education. It was not affected by previous attendance at classes.

Table 55.—Percent of Aides Who Felt They Needed Additional Training, by Selected Characteristics, 1963

Characteristics	Percent
Total (R=2,261)	74
Men (R=865)	70
Women (R=1,396)	77
Education:	
Grades 5–7 (R=108)	61
1–3 years college (R=303)	79
Employed since—	
1961–63 (R=529)	79
pre-1954 (R=533)	64
Age:	
21–24 (R=228)	86
60–64 (R=100)	61

The following proportions of aides specified the types of training needed:

52 percent said they could use more training in nursing procedures in general.

31 percent mentioned such specific procedures as administering medication, and giving blood transfusions.

35 percent expressed a desire for instruction in the types and causes of mental illness.

28 percent wanted training in the psychiatric and psychological needs of patients.

14 percent said they needed more orientation in general, more refresher courses.

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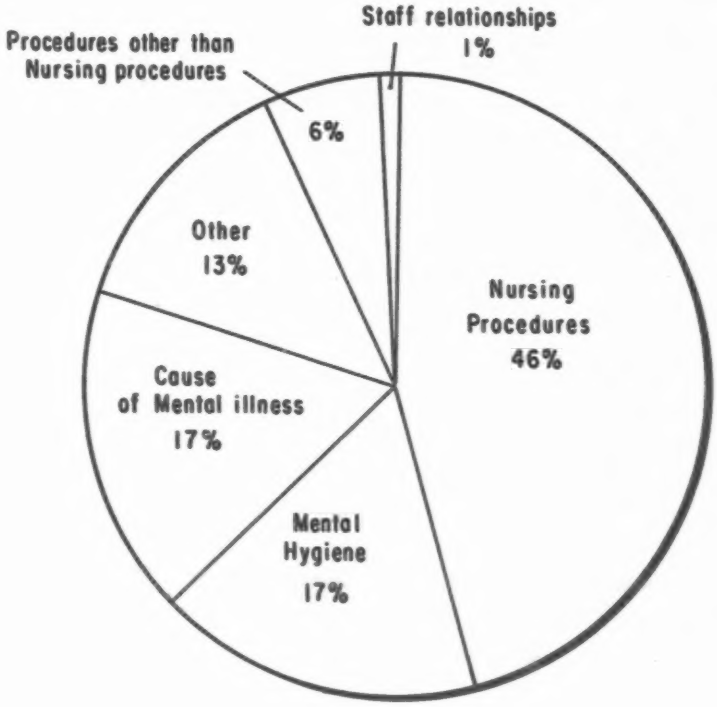
[1] Delaware, State A, State G, State I, State Q.

Figure 14

PERCENT OF AIDES SUGGESTING TYPES OF ADDITIONAL TRAINING NEEDED
1963



Ref.: Text — Sec. on aide's attitudes towards training programs

Considered as a whole, the suggestions may be grouped into six classes. These are as follows, with the frequency of mention converted to relatives to add to 100:

A. Nursing procedures	46
B. Other procedures	6
C. Mental hygiene aspects of patient care	17
D. Types and causes of mental illness in general	17
E. Staff relationships	1
F. Other	13

These responses are consistent with the attitudes of aides toward their duties, as reported in chapter 3, which indicated that aides regard nursing care as their most important function and give it the greatest block of their time. The substantial interest in the types and causes of mental illness and in the mental hygiene aspects of patient care is encouraging evidence of the concern of many aides with the professional aspects of their job.

The professed desire for additional training in nursing procedures was fairly general, varying little by sex, age, length of employment, or education. Interest in training in other procedures, however, was stronger among men aides, aides with more education, younger and more recently employed aides. This was also true of interest in training in the mental hygiene aspects of patient care, in the types and causes of mental illness, and in staff relationships.

Table 56.—Frequency of Mention of Subjects for Additional Training, by Selected Characteristics of Aides, 1963

Characteristics	Relative frequency [1]					
	Nursing procedures	Other procedures	Mental hygiene of patient care	Types and causes of mental illness	Staff relationships	Other
All aides (R=1,657)	100	100	100	100	100	100
Men (R=595)	96	123	103	109	147	81
Women (R=1,062)	101	85	94	94	71	111
Education:						
Grades 5–7 (R=63)	97	15	14	63	370	126
1–3 years college (R=237)	92	104	149	126	200	144
Employed since—						
1961–63 (R=416)	97	109	103	106	82	85
pre-1954 (R=337)	100	60	89	77	53	115
Age:						
21–24 (R=195)	86	93	111	160	124	63
60–64 (R=56)	99	81	86	46	106	144

[1] See note 1, Table 35, ch. III.

Chapter V

NURSES' ATTITUDES TOWARD AIDES

The present chapter summarizes data obtained in the course of 400 interviews with a random sample of nurses. The content was similar in some respects to that in the aide interviews, but included as well a series of questions designed to elicit nurses' understanding of the aide's role and effectiveness and their suggestions for improving the caliber of people in the aide job.[1] Nurses' views are considered an important aspect of the present study. A nurse is the first and most frequent professional contact the aide has. She is his supervisor, as a rule, as well as his principal teacher in the training program.

More than half the nurses interviewed held administrative or supervisory positions. Thirty-eight percent were head nurses; 23 percent, nursing supervisors; 5 percent, nursing instructors; 23 percent, staff nurses; and 12 percent, other nursing personnel. Nine out of ten had direct responsibility for the supervision of aides. Half had taken part in training programs for aides. Median years experience in psychiatric nursing was eight. Over a third had worked at the hospital for 10 or more years; half had been employed 6 or more years. Median length of residence in the area was 17 years. Over one in four had relatives working in the hospital. Nearly half such employed relatives were aides.

Median age of the nurses interviewed was 37 years and two out of three were married.

NURSES' UNDERSTANDING OF WHAT AIDE DOES

Nurses tend to think that aides engage in more types of activities than they actually do. When they were shown the same list of aide duties used in the aide interview and asked to pick out those performed by aides in their hospital, the proportion of nurses answering affirmatively exceeded the corresponding proportion of aides for 30 of the 32 duties listed. The average difference was smallest for those classified as "Performance Improvement," largest for housekeeping duties [2] (table W.)

Table 57.—Percent of Nurses and Percent of Aides Who Say Aides Are Engaged in Specified Activities, 1963 [1]

Duties	All nurses (R=1,408)	Staff nurses (R=314)	Aides (R=2,260)
Monitorial duties	97	96	87
Nursing care	95	91	87
Housekeeping	94	90	80
Counseling duties	89	86	85
Informational duties	85	76	76
Performance improvement	70	62	69

[1] Mean for each type.

About a fifth of the nurses thought there were activities aides should be engaged in which were not included in the list of 32 on the card, and which they were not then performing in their hospital. (The ratio who held this opinion was higher among instructors—44 percent, supervisors—30 percent, and head nurses—18 percent, than among staff nurses—13 percent.) Asked to specify, almost two out of three nurses suggested additional counseling duties; almost one in three, additional informational duties. Nursing care ranked third in frequency of mention, monitorial duties fourth.

DUTIES TAKING MOST OF AIDE'S TIME

Among the three duties taking up most of the aide's time, nurses ranked "bathe patients and keep untidy ones clean" first. The second most time-consuming activity in their view was "make beds, keep floors and equipment clean," and the third, "give medicine to patients." These were mentioned, respectively, by 58 percent, 37 percent, and 26 percent of all nurses interviewed (table W). The first two were also ranked first and second by staff nurses. The latter disagreed with other nurses on the third most time-consuming duty, which they believed to be "feed bed patients and serve food to others" rather than "give medicine to patients."

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[1] See questionnaire in app. D.

[2] Estimates of differences attributable to sampling error are included in the appendix.

Both groups—aides and nurses—agree on the observation that bathing patients and keeping untidy ones clean takes up more time than any other listed activity. There is also close accord on the relatively large amount of time devoted to giving medicine to patients and feeding patients. But whereas nurses see making beds as the second in time consumed, aides ranked this activity sixth. Lack of agreement shows up with respect to other activities as well. Aides report spending more time on helping patients dress than nurses think they do, and more on playing games with patients and supervising and encouraging their recreation. On the other hand, aides report they spend less time than nurses believe they do on taking patients from one place to another and in washing walls, windows, and floors.

When activities are grouped by type, however, there is less disagreement than these differences would suggest. Both nurses and aides put nursing care first in time consumed. There is agreement also in ranking monitorial duties third in time taken up, informational duties as fifth, and performance improvement last. The differences between the two groups concern counseling and housekeeping duties. Aides say counseling ranks second in time consumed; nurses put it fourth. The reverse is true of housekeeping duties.

Table 58.—Relative Frequency of Mention by Nurses and Aides of Activities Considered as Taking up Most of Aide's Time, 1963

Duties	All nurses (R=1,398)	Staff nurses (R=314)	Aides (R=2,238)
Total	100	100	100
Nursing	44	44	42
Housekeeping duties	26	28	12
Monitorial duties	17	17	16
Counseling duties	9	7	20
Informational duties	3	3	9
Performance improvement	1	1	1

JOB DUTIES CONSIDERED MOST IMPORTANT

By a slight margin nurses ranked informational duties as the most important in the roster of aide's duties. Most frequently mentioned of this class of duties was "report to the nurse on the patient's condition," followed closely by "tell the nurse about the patient's physical complaints." Counseling duties ranked only just below informational duties in order of importance to nurses, and nursing duties only marginally below counseling duties. The other classes of duties were rated far below these three (table W).

Nurses were also asked what *other* nurses thought were the three most important duties.

The pattern of response to the two questions, i.e., what the nurse being interviewed thought were the three most important duties, and what she believed were the views of other nurses on the same subject, was roughly the same. Informational, counseling, and nursing duties got top or close to top ranking, differing from each other again by only a few percentage points. The major difference was that in talking about the views of *other* nurses, the nurse interviewed tended to place somewhat more stress on the importance of nursing care, somewhat less stress on the importance of counseling and informational duties (table W).

Still a third assessment of relative importance was made when nurses were requested to select the three duties deemed most important by the *psychiatrist*. Their response clearly gave informational duties first place, with a particularly large percentage for the duty, "make reports to the psychiatrists on the patient's mental condition." Counseling duties were next in importance to the psychiatrist, according to the nurses interviewed, and nursing duties third, but at a far lower level of importance than accorded the first two duties as ranked by nurses when reflecting either their own views or those of other nurses (table W).

There are similarities and differences among the judgments of nurses and of aides with respect to the relative importance of the aides' duties. The similarities concern the low importance attached to monitorial and housekeeping duties and to duties referred to in this report as "Performance Improvement." The other three types of duties are considered highly important by both nurses and aides, but aides are inclined to attach more value to nursing care, and less value to informational duties.

Table 59.—Relative Frequency of Mention by Nurses and Aides of Activities Considered Most Important, 1963

Duties	Nurses			Aides (R=2,243)
	Own views (R=1,406)	Presumed views of other nurses (R=1,406)	Presumed views of psychiatrists (R=1,388)	
Total	100	100	100	100
Informational duties	30	29	40	17
Counseling duties	29	27	32	25
Nursing care	29	32	13	41
Monitorial duties	7	8	11	12
Performance improvement	4	2	3	2
Housekeeping	1	2	1	3

JOB DUTIES ENJOYED MOST BY AIDES

Aides and nurses are in closer agreement on the duties enjoyed most by the aides than they are on the characteristics discussed thus far.

Confirming what aides themselves said, nurses were of the opinion that the counseling duties held top place in popularity among aides. Nurses, in fact, were fractionally a little more convinced of this than aides. Both groups deemed nursing care second only to counseling in duties enjoyed most. Relatively fewer nurses than aides thought so, however. This is consistent with the lesser importance attached by nurses to the aide's nursing care duties, commented on earlier. Other duties—monitorial, informational, performance improvement, and housekeeping—were ranked by nurses and aides at about the same low level of enjoyability (table W).

Table 60.—Relative Frequency of Mention by Nurses and Aides of Duties Enjoyed Most by Aides, 1963

Duties	All nurses (R=1,405)	Staff nurses (R=314)	Aides (R=2,213)
Total	100	100	100
Counseling duties	54	50	50
Nursing care	15	17	25
Monitorial duties	12	12	10
Informational duties	10	11	7
Performance improvement	7	7	5
Housekeeping	2	3	3

JOB DUTIES ENJOYED LEAST BY AIDES

As noted in chapter 3, ratings of duties by unpopularity tend to exhibit a mirror image of the ratings by popularity. The bottom-ranked type on the popularity scale becomes the first when graded by unpopularity; the most popular type drops low on the other scale; other duty types occupy intermediate positions on both scales.

This is true also, in general, of the rankings given by nurses. Nurses considered housekeeping duties the least enjoyed by aides. Counseling duties, which nurses had placed first in enjoyability among aides, occupied the next-to-the-bottom rank on the unpopularity list (table W). Nurses and aides agreed in this assessment.

In other respects, nurses and aides disagreed. Nurses tended to stress more than aides themselves did, the lack of enjoyability of the housekeeping tasks. Nurses considered nursing care more onerous to aides than the aides themselves, ranking it second in unpopularity, whereas aides had ranked it third. Nurses, furthermore, thought monitorial duties much less disagreeable to aides than aides did. In this scaling, as in that of enjoyability, nurses tended to display more polarity than the aides. With regard to some of these judgments, staff nurses evaluated the aides' feelings a little more accurately than supervisor or head nurses.

Table 61.—Relative Frequency of Mention by Nurses and Aides of Duties Enjoyed Least by Aides, 1963

Duties	All nurses (R=1,398)	Staff nurses (R=307)	Aides (R=2,143)
Total	100	100	100
Housekeeping duties	56	58	43
Nursing care	17	15	14
Monitorial duties	17	19	31
Informational duties	7	5	5
Counseling duties	2	2	5
Performance improvement	1	1	2

JOB DUTIES MOST IN DEMAND BY PATIENTS

Nurses share with aides the opinion that aide activities most in demand by patients concern counseling duties. Ranked second by nurses in volume of demand were the monitorial duties. Nursing care came third, informational service fourth, and housekeeping duties last (table W).

Aides ranked duties most in demand by patients in the same sequences. There were differences, however, in the relative weights assigned. Nurses believed the demand for counseling to be at a somewhat higher level than aides reported it, but the demand for nursing care at a far lower level.

Table 62.—Relative Frequency of Mention by Nurses and Aides of Duties Most in Demand by Patients, 1963

Duties	All nurses (R=1,408)	Staff nurses (R=314)	Aides (R=2,221)
Total	100	100	100
Counseling duties	61	60	51
Monitorial duties	23	24	21
Nursing care	10	13	19
Informational duties	5	2	6
Housekeeping	1	1	3

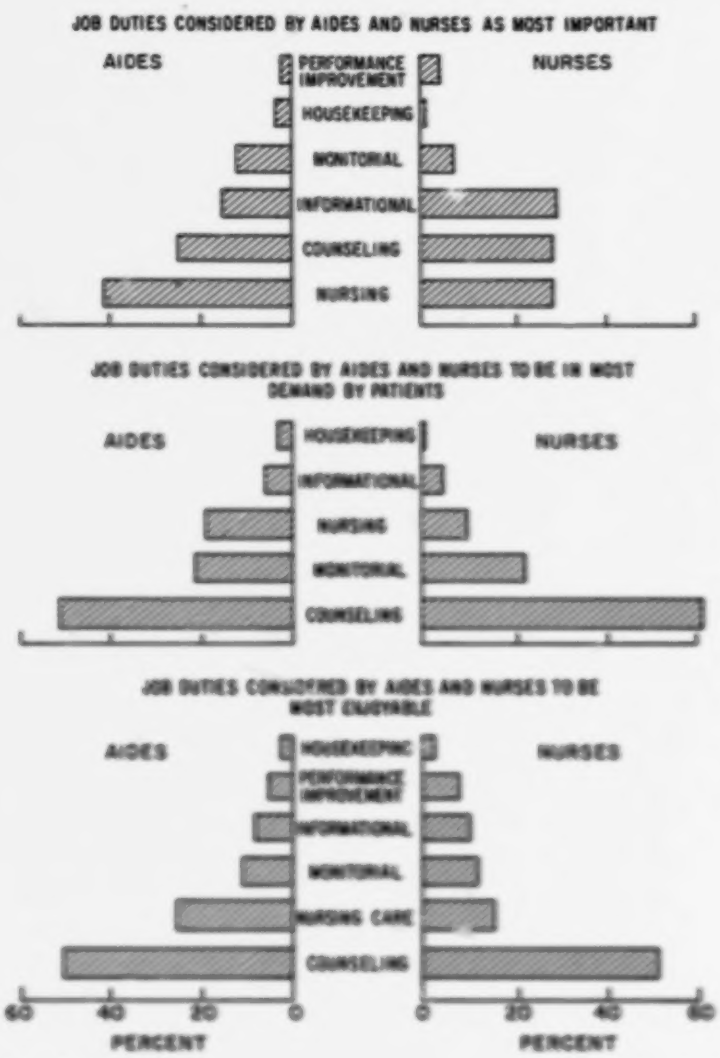
SUMMARY: NURSES' AND AIDES' VIEWS ON AIDE'S JOB

With respect to the topics discussed in the preceding sections, the following observations may be made on the views of nurses and aides:

1. Nurses tend to think aides carry on a greater variety of activities than they themselves report. This is particularly true of housekeeping duties.

Figure 15

PERCENT OF AIDES AND NURSES REPORTING SELECTED AIDE JOB CHARACTERISTICS BY TYPE OF DUTY, 1963



Ref: Tables 58, 60,62

2. Nurses tend to estimate a greater allotment of aide time spent on counseling and informational duties and a lesser amount of aide time spent on housekeeping than do the aides themselves.
3. Nurses and aides disagree on the most important type of aide activity. Aides perceive it as nursing care. Nurses rank nursing care third in importance, after information gathering (for nurse and psychiatrist), and counseling. There is otherwise general agreement on the ranking of an aide's duties by relative importance, including the placing of housekeeping last.
4. Nurses tend to agree with the assessment made by aides as to how much aides enjoy working at their various tasks. Ranking of types of duties liked and disliked most is the same for both groups, but nurses tend to exaggerate

2

how much aides like counseling and how much they dislike housekeeping.

5. Patient demand for different aide services is estimated by nurses and aides at about the same levels. Nurses put the volume of requests for counseling and monitorial services at a somewhat higher level than do aides, and requests for nursing services at a somewhat lower level.

JOB DUTIES PERFORMED LEAST WELL

Nurses were not asked to identify the three duties aides perform best.[3] They were asked to identify the three performed least well. The responses are useful as possible indications of areas in which aide performance requires attention; perhaps they point to the need for additional training in these subjects.

Most frequent mention of poor performance concerned informational duties, which as noted earlier, nurses considered the most important of the aide's functions. Receiving particularly critical attention for poor performance was the duty listed as "write notes in the patient's chart." Counseling duties ranked second in poor quality of work, in the opinion of nurses interviewed. Specific duties attracting comment in this regard were "point out to the patient how his behavior or thinking is wrong," and "help a patient discuss his problems." Housekeeping was in third place, and monitorial duties in fourth. Nursing care was at the bottom of the list.

Staff nurses were not inclined to be as critical as other nurses of aide shortcomings in the field of information. They saw more deficiencies in the area of counseling, and had a lower opinion of the quality of nursing care than had head nurses and nurse supervisors.

Table 63.—Relative Frequency of Mention by Nurses of Duties Performed Least Well by Aides, 1963

Duties	All nurses (R=1,376)	Staff nurses (R=302)
Total	100	100
Informational duties	27	23
Counseling duties	26	28
Housekeeping	15	17
Monitorial duties	14	15
Nursing care	9	12
Performance improvement	9	5

AIDES' RELATIONSHIPS WITH PATIENTS, STAFF

A little over half the nurses interviewed said aides got along "very well" with patients; less than 1 percent said they got along poorly. (The other nurses stated that aides got along "fairly well" with patients.) The proportion saying "very well" was lowest among nurse instructors, highest among head nurses. Staff nurses occupied an intermediate position in this regard.

More nurses reported that aides got along "fairly well" rather than "very well" with other aides. Administrators and instructors were inclined to look more critically on relationships here than head nurses or staff nurses.

How aides got along with nurses themselves was another question in this series. Half the nurses said "fairly well"; 46 percent said, "very well." Aides were scored higher by head nurses than by instructors and administrators.

Relationships of aides with psychiatrists were seen by nurses in much the same light. "Fairly well" seemed more accurate to a majority of the nurses than "very well."

With nonprofessional employees—cooks, gardeners, etc.—aides' relationships were put by nurses at about the same level as that for relationships with psychiatrists.

In summary, 9 out of 10 nurses thought aides got along very well or fairly well with patients and staff, but believed they got along best with patients, least well with other aides.

Table 64.—Nurses' Assessment of How Well Aides Get Along With Other Members of the Hospital Staff, and With Patients, 1963

Employee group	Total	Very well	Fairly well	Fairly poorly	Very poorly
Patients (R=1,408)	100.0	51.4	48.2	0.1	0.4
Nurses (R=1,407)	100.0	45.5	50.6	3.6	.3
Other employees (R=1,399)	100.0	41.6	51.4	6.4	.6
Psychiatrists (R=1,383)	100.0	40.9	51.7	6.3	1.2
Other aides (R=1,408)	100.0	35.8	62.2	1.6	.4

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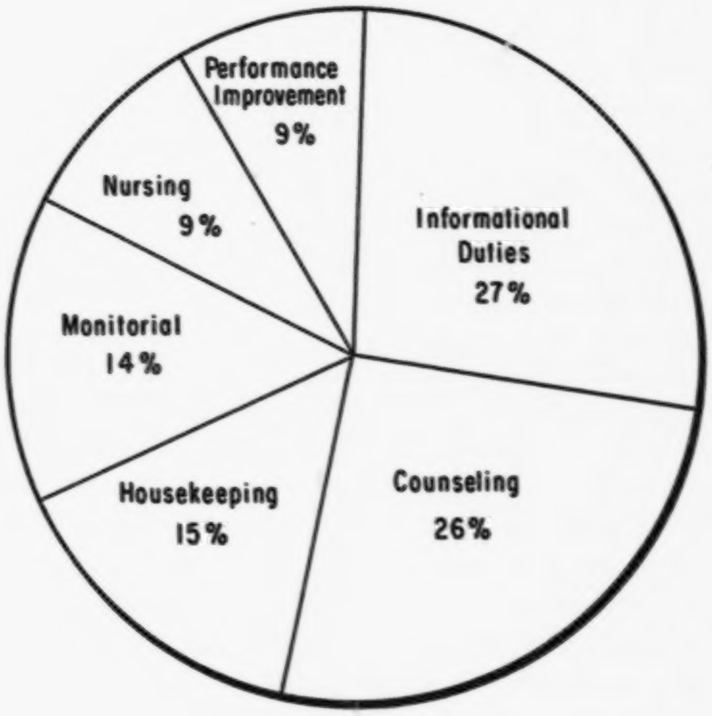
[3] Nurses were, however, requested to describe the "most outstanding piece of work performed by an aide with and for a patient that contributed to the patient's welfare," as well as to recall "an example of the poorest work performed by an aide . . . harmful to the patient's welfare."

Figure 16

PERCENT NURSES REPORTING SELECTED AIDE JOB DUTIES PERFORMED LEAST WELL
1963



Ref.: Table 63

SUMMING-UP JUDGMENT OF QUALITY OF AIDES' WORK

Asked to make a summing-up judgment of the quality of the work done by aides, 53 percent of the nurses scored it very "good"; 47 percent said it was "fairly good." Approval of the aides' work was highest among supervisors, head nurses, and "others"; lowest among instructors.

Table 65.—Nurses' Assessment of Overall Quality of Aides' Work, by Nurse Classification, 1963

Nurse classification	Total	Very good	Fairly good
Total (R=1,408)	100	53	47
Administrator (R=19)	100	47	53
Supervisor (R=321)	100	56	44
Head nurse (R=533)	100	54	46
Instructor (R=68)	100	29	71
Staff nurse (R=314)	100	52	48
Other (R=153)	100	58	42

NURSES' ESTIMATE OF JOB SATISFACTION FELT BY AIDES

Despite the menial tasks aides don't enjoy, they are satisfied with their job, according to the nurses in the hospital. Seventy percent said aides were "fairly satisfied." Fourteen percent who thought aides were "fairly dissatisfied" were balanced by 14 percent who said aides were "very satisfied." Only 1 percent thought aides "very dissatisfied."

This assessment was based on general observation of aide's attitude and behavior on the job. Nurses referred in this connection to the good morale aides appeared to show, their enjoyment of their work, their interest in training courses, and their cooperative attitude toward other staff members. Low turnover was also cited and the low level of absenteeism because of sickness. (Nurses who found aides dissatisfied saw the reverse: low morale, complaints about poor pay, heavy workload, high level of absenteeism, etc.)

Instructors were more inclined to consider aides "very satisfied" than any other nurse classification. Staff nurses, at the other extreme, composed the largest group viewing aides as "fairly dissatisfied."

Aides were not asked directly how satisfied they were with their jobs, but some indices of job satisfaction are provided by replies to the questions concerning jobs they were best fitted for, desire to change to other jobs, etc. Their responses, described under "Occupational Aspirations" in chapter III, are consistent with the job satisfaction assessment made by the nurses.

Although the majority of nurses thought that aides are satisfied with their jobs, half the nurses did not think most aides intended to make a career out of being an aide, and were of the opinion that they would leave the field before retirement, a point of view which finds some support in the data cited in chapter II on employee turnover. Factors cited as responsible for aides leaving their job were largely economic, viz, low salaries, poor working conditions, heavy work load, lack of advancement; but other factors were mentioned as well, such as unhappiness over the nature of the work, inability to get along with other employees, marriage, and pregnancy.

Are patients affected when an aide leaves his job? Almost four nurses in five thought they are. It is manifested in different ways, said the nurses, depending upon the patient's condition and typical behavior, and the nature of the relationship with the aide. Some display resentment; others show anxiety. Symptoms of depression and withdrawal are also noticed. Quite a few patients make inquiries about the aide who has left and attempt to keep in touch with him. Some patients resist the new aide and refuse him their cooperation.

ADVICE TO A FRIEND INTERESTED IN AN AIDE'S JOB

To ascertain their convictions concerning the value of the aide's job and their views as to its basic character, nurses were asked what advice they would give a person interested in applying for the job. The most frequent reply among nurses dealt with the mental hygiene aspects of the job: the need to be understanding of the patient, to be sympathetic to his needs, and to want to help him. Such comments were made by 60 percent of the nurses. Ten percent mentioned other requirements: economic advantages (tenure, good salary, good working conditions) or disadvantages (low pay, poor working conditions, exacting nature of the job) were cited by approximately one in six, nearly always in terms of disadvantages rather than advantages. A small number mentioned the satisfactions to be derived from working at an interesting, challenging, worthwhile job.

Table 66.—Nurse Views on Job Satisfaction Felt by Aides, by Nurse Classification, 1963

Nurse classification	Total	Very satisfied	Fairly satisfied	Fairly dissatisfied	Very dissatisfied
Total (R=1,404)	100	14	71	14	1
Supervisor (R=317)	100	13	80	6	1
Head nurse (R=533)	100	14	70	14	2
Instructor (R=68)	100	25	59	16	....
Staff nurse (R=314)	100	16	60	24	....
Other (R=172)	100	9	82	9	....

These proportions offer some points of likeness but many points of difference with those displayed by aides in answering the same question. The two groups shared in common a major stress on the mental hygiene aspects of the job, but nurses made more reference to this than aides did. Nurses were also inclined to make more numerous references to requirements of a more general character. The economic advantages of the job were more apparent to aides than to nurses. The economic disadvantages loomed larger to nurses. Satisfaction at working at an interesting, challenging, worthwhile job was far more common among aides than among nurses.

Table 67.—Relative Frequency of Types of Advice To Be Given to a Person Interested in Aide's Job, Nurses and Aides, 1963

Type of advice	All nurses (R=1,404)	Staff nurses (R=314)	Aides (R=2,244)
Total	100	100	100
Job requirements: need to be understanding of patient and to want to help him	60	61	43
Job requirements: other	10	8	3
Satisfaction in working at an interesting, challenging, worthwhile job	5	4	27
Economic advantages of job	2	2	7
Economic disadvantages of job	14	17	11
Other advice	9	8	9

Staff nurses differed from other nurses only in being somewhat more impressed with the economic disadvantages of the job.

WHY AIDES APPLY FOR JOB

The nature of the work, which nurses believe should be stressed in talking to job applicants, is not considered by nurses to be the prime reason prompting people to apply. Almost half the nurses interviewed cited an economic motive—salary, fringe benefits, job security, working conditions. The nature of the job was deemed to be the attraction by a little over one-third the nurses. One in 16 called attention to the minimum character of the eligibility requirements and one in 10 cited other reasons.

On the whole, nurses tended to have a less idealistic view than aides themselves of what causes the latter to seek the job. Aides, as noted in chapter III, said they were attracted primarily by the nature of the work, only secondarily by the pay scale, job security, and related factors.

Table 68.—Relative Frequency of Reasons Cited for Applying for Aide's Job, by Nurses and by Aides, 1963

Reasons for applying	Nurses (R=1,403)	Aides (R=1,039)
Total	100	100
Economic	48	41
Nature of work	35	51
Minimum job requirements	7	...
Other	10	8

WAYS IN WHICH AIDES NEED TO IMPROVE

Suggestions for ways in which aides needed to improve covered a wide range. More training in patient care was emphasized, but of almost equal importance, in the view of nurses, was the need for aides to develop a better self-image of themselves as responsible workers interested in doing a good job. Suggestions for improvement may be grouped as follows:

46 percent thought aides needed more training in patient care in general.

8 percent specified better training in procedures and in care of equipment.

14 percent specified more psychiatric training.

8 percent saw value in more education in staff relationships and in teamwork.

45 percent stressed the need for aides to become interested in self-development, in doing a conscientious responsible job, in taking a more professional attitude toward their work.

21 percent offered other suggestions, such as better salaries and working conditions.

There was a general consensus among nurses that aides needed additional training. Eighty-five percent answered in the affirmative to a specific question on the need of additional training. Belief in the value of additional training was unanimous among instructors, but dropped to 71 percent among staff nurses. The latter ratio is closest to that of aides themselves, 70 percent of whom (ch. IV) thought additional training would be useful.

A query on the types of additional training needed drew diverse replies.

31 percent recommended training in nursing procedures in general.

31 percent spoke in even more general terms about more inservice training, more orientation, refresher courses.

30 percent specified training in the psychiatric and psychological needs of patients.

25 percent suggested courses in the types and causes of mental illness.

Other proposals were made with support ranging up to 10 percent.

Grouped into the same six classes used in summarizing aides' suggestions for additional training (ch. IV), the nurses suggestions bore the following proportional relations to one another on a scale of 100:

A. Nursing procedures	31
B. Other procedures	7
C. Mental hygiene aspects of patient care	23
D. Types and causes of mental illness	12
E. Staff relationships	3
F. Other and general	24

Instructors differed from other nurses in placing less stress on nursing procedures and types and causes of mental illness, and more on orientation and inservice training in general.

The views of nurses on what aides require by way of additional training may be usefully compared with the views of the aides themselves as set out in chapter IV. A greater proportion of aides expressed a desire for nursing procedures and for courses on types and causes of mental illness. Nurses, on the other hand, were more convinced than aides of the value of courses on the mental hygiene aspects of patient care, and of the need for refresher courses.

Table 69.—Relative Frequency of Mention by Nurses and Aides of Types of Additional Training Needed by Aides, 1963

Types of training	Nurses (R=1,166)	Aides (R=1,657)
Total	100	100
A. Nursing procedures	31	46
B. Other procedures	7	6
C. Mental hygiene aspects of patient care	23	17
D. Types and causes of mental illness	12	17
E. Staff relationships	3	1
F. Other and general	24	13

NEEDED CHANGES IN AIDE'S JOB

The preceding section was concerned with suggestions for improving staff performance. Nurses were queried separately about needed changes in the job itself. Two basic questions were used to elicit nurses' views:

(1) What specific changes would you suggest in the job of a psychiatric aide?

(2) What could be done to make an aide job more attractive to applicants?

Table 70.—Relative Frequency of Suggestions for Needed Changes in Job of Aide, 1963

Suggestions for changes	Needed changes in job of aide (R=1,393)
Total	100
Improvements in pay or working conditions	8
Raise educational requirements for job	2
More or better job training	21
Better staff relations	2
Upgrading of job: more emphasis on professional responsibilities, fewer menial tasks; fewer cases	62
Other and general	5

The majority of the nurses indicated that the job should be upgraded (table 70). They proposed far reaching changes in the status of the aide, whether judged purely in economic terms, or in terms of the nature of the job itself. Replies favorable to improvements in pay and working conditions or to upgrading the content of the job accounted for two out of three responses to the first question, and for three out of five to the second.

Aides also were requested to give their views on needed changes in the job. Contrasts in the views of aides and nurses stand out in a comparison of the responses. On the surface it would appear that aides are more impressed than nurses with the value of improved pay and working conditions, less impressed with the value of more or better job training. It would seem, also, that while a majority of both aides and nurses think well of proposals to upgrade the job (more emphasis on patient care, fewer cases, fewer menial tasks), nurses had more to say on the subject than aides.

The positions taken by the two groups are nevertheless closer than such differences would indicate. If an average were taken of the responses of the nurses to the two questions, the result would not be too far from the pattern of the aides' responses. From three-fifths to two-thirds of the nurses' responses favored upgrading the aide's job, in terms of either more pay and better working conditions, or greater emphasis on the professional aspects of the work. Suggestions of this character accounted for three out of four responses by aides.

APPENDIX A (Tables)

Table A.—Number of Hospitals, Psychiatric Aides, and Percent Male by State, 1963

State of employment[1]	Number of hospitals	Number of aides: Total	Number of aides: State as percent of United States	Percent male
United States	282	96,166	100.0	40.8
Alabama	2	1,067	1.1	40.4
California	12	7,837	8.1	39.4
Colorado	3	1,319	1.4	37.1
Connecticut	4	1,734	1.8	39.0
Delaware	2	346	.4	29.7
Florida	4	2,359	2.5	41.9
Idaho	2	[2] 219	.2	37.5
Illinois	12	[2] 4,535	4.7	27.8
Indiana	9	2,702	2.8	36.0
Iowa	5	961	1.0	24.2
Kansas	3	944	1.0	31.9
Kentucky	4	1,122	1.2	37.1
Louisiana	3	[2] 1,272	1.3	58.8
Maine	2	563	.6	33.8
Maryland	6	2,034	2.1	37.9
Massachusetts	12	3,950	4.1	38.5
Michigan	10	3,751	3.9	47.8
Minnesota	7	1,425	1.5	49.3
Mississippi	2	1,079	1.1	36.1
Missouri	5	2,667	2.8	38.4
Nebraska	4	1,183	1.2	44.0
New Jersey	11	[2] 4,092	4.3	36.8
New York	20	[2] 15,779	16.3	43.8
North Carolina	4	1,543	1.6	49.4
Ohio	21	[2] 5,089	5.3	37.8
Oklahoma	4	1,305	1.4	43.7
Oregon	3	927	1.0	42.9
Pennsylvania	19	6,226	6.5	44.3
Tennessee	7	1,118	1.2	45.5
Texas	9	2,475	2.6	40.6
Virginia	4	2,175	2.3	44.3
Washington	3	1,342	1.4	42.4
West Virginia	5	704	.7	58.3
Wisconsin	42	2,202	2.3	47.3
State A	1	13	.1	69.2
State B	1	300	.3	32.3
State C	1	828	.9	41.0
State D	1	1,488	1.5	44.0
State E	1	[2] 1,523	1.6	....
State F	1	118	.1	46.2
State I	1	297	.3	43.3
State J	1	101	.1	9.1
State K	1	533	.6	37.8
State L	1	216	.2	54.5
State M	1	320	.3	22.6
State N	1	624	.6	47.3
State O	1	747	.8	27.0
State P	1	328	.3	50.0
State Q	1	295	.3	37.9
State R	1	275	.3	50.0
State X	1	114	.1	....

[1] States with only 1 hospital or only 1 hospital reporting are coded to avoid disclosure.

[2] Includes an estimate for nonreporting hospitals. Estimates for 3 hospitals were not included because of insufficient estimating data.

Table B.—Selected Ratios: Psychiatric Aides to Patients, Aides to Psychiatrists, Aides to Nurses, by State, 1963

State[1]	Aides per 100 patients	Aides per psychiatrist and psychiatric resident	Aides per professional nurse
United States	18.5	26.1	9.3
Alabama	14.1	82.1	27.4
California	21.9	21.0	7.0
Colorado	23.9	26.6	10.0
Connecticut	22.5	17.6	7.9
Delaware	....	....	....
Florida	21.3	52.4	16.7
Illinois	13.2	72.5	9.4
Indiana	21.1	39.7	14.0
Iowa	27.4	11.9	9.4
Kansas	29.1	18.5	8.4
Kentucky	18.8	35.1	12.9

See footnotes at end of table.

Table B.—Selected Ratios: Psychiatric Aides to Patients, Aides to Psychiatrists, Aides to Nurses, by State, 1963—Continued

State [1]	Aides per 100 patients	Aides per psychiatrist and psychiatric resident	Aides per professional nurse
Louisiana	15.8	37.7	17.5
Maryland	22.6	22.4	19.2
Massachusetts	19.8	18.0	6.4
Michigan	16.4	20.0	9.7
Minnesota	15.4	89.1	7.3
Mississippi	20.6	107.9	30.8
Missouri	24.2	55.6	17.5
Nebraska	31.5	29.6	13.4
New Jersey	20.0	29.6	9.1
New York	17.5	18.6	8.5
North Carolina	15.8	29.7	8.2
Ohio	18.9	24.5	11.7
Oklahoma	19.0	40.4	18.0
Oregon	33.0	23.8	7.9
Pennsylvania	16.7	30.0	6.4
Tennessee	12.5	18.8	9.6
Texas	16.6	26.8	17.1
Virginia	19.7	47.3	21.8
Washington	24.5	29.8	10.7
West Virginia	16.7	50.3	21.3
Wisconsin	22.1	32.4	8.3
State B	17.5	42.9	10.7
State C	18.3	28.6	21.2
State D	21.8	18.1	4.7
State F	10.0	11.8	2.3
State G	22.8	82.0	16.4
State H	19.0	55.0	13.4
State I	17.9	99.0	10.6
State J	17.7	16.8	9.2
State K	16.1	36.8	4.3
State L	22.9	54.0	30.9
State M	18.4	80.0	11.9
State N	18.0	21.5	7.7
State O	11.3	26.7	7.0
State P	13.6	26.4	8.1
State Q	35.2	32.8	22.7
State R	23.9	30.6	13.8

[1] States with only 1 hospital or 1 reporting hospital are coded to avoid disclosure.

Sources: Patient data from *Journal of the American Hospital Association*, Guide Issue, Aug. 1, 1963, represent average daily patient census during a 12-month period. Data on psychiatrists, psychiatric residents, and professional nurses from NIMH Survey of Professional Personnel Employed in Mental Health Establishments refer to the period December 1962–May 1963. Psychiatrists include both full-time and part-time psychiatrists.

Table C.—Percent Distribution of Psychiatric Aides, by Age and Sex, 1963

Age	Total (R=8,309)[1]		Male (R=3,391)		Female (R=4,918)	
	Percent	Percent cumulative	Percent	Percent cumulative	Percent	Percent cumulative
Total	100.0	....	100.0	....	100.0	....
Under 21	2.9	2.9	3.7	3.7	2.4	2.4
21–24	9.5	12.4	13.9	17.6	6.5	8.9
25–29	11.1	23.5	15.1	32.7	8.2	17.1
30–34	9.8	33.3	10.9	43.6	9.0	26.1
35–39	10.1	43.4	8.6	52.2	11.1	37.2
40–44	11.7	55.1	8.3	60.5	14.0	51.2
45–49	13.1	68.2	9.8	70.3	15.5	66.7
50–54	12.7	80.9	10.5	80.8	14.1	80.8
55–59	10.8	91.7	10.2	91.0	11.3	92.1
60–64	6.1	97.8	6.4	97.4	6.0	98.1
65 and over	2.2	100.0	2.6	100.0	1.9	100.0

[1] R=Total number responding.

Table D.—Percent Distribution of Psychiatric Aides, by Years of School Completed and Sex, 1963

Years of school completed	Total (R=7,529)	Male (R=3,091)	Female (R=4,438)
Total	100.0	100.0	100.0
Grade 4 or less	.7	1.0	.5
Grade 5 to 7	4.5	5.5	3.8
Grade 8	15.9	17.0	15.2
High school 1–3 years	31.2	27.7	33.7
High school 4 years	38.8	37.5	39.7
College 1–3 years	7.9	9.9	6.5
College 4 or more years	1.0	1.5	.6

Table E.—Percent Distribution of Psychiatric Aides by Years of School Completed and Age, 1963 (R=7,529)

Age	Total	Grade 4 or less	Grade 5 to 7	Grade 8	High school 1–3 years	High school 4 years	College 1–3 years	College 4 or more years
Total	100.0	0.7	4.5	15.9	31.2	38.8	7.9	1.0
Under 21 years	100.0	....	.5	1.8	15.5	72.7	9.5	....
21–24	100.0	.1	.3	2.3	23.3	58.0	14.4	1.6
25–29	100.0	.2	1.0	4.1	28.6	52.9	11.8	1.4
30–34	100.0	.3	2.1	7.4	33.2	45.4	10.6	1.1
35–39	100.0	....	2.4	10.7	39.4	39.3	6.8	1.3
40–44	100.0	.5	6.0	13.2	32.2	40.5	6.4	1.1
45–49	100.0	1.0	5.2	20.7	34.1	34.1	4.2	.6
50–54	100.0	.8	8.6	23.4	33.6	27.7	5.4	.5
55–59	100.0	1.6	7.3	31.8	29.4	23.0	6.5	.4
60–64	100.0	2.4	7.9	36.1	31.3	15.3	5.5	1.4
65 years and over	100.0	1.3	9.6	41.7	28.8	12.2	6.4	....

Table F.—Percent Distribution of Psychiatric Aides, by Years of School Completed, by State, 1963 (R=7,529)

State [1]	Total	Grade 4 or less	Grade 5 to 7	Grade 8	High school 1–3 years	High school 4 years	College 1–3 years	College 4 or more years
Total	100.0	0.7	4.5	15.9	31.2	38.8	7.9	1.0
Alabama	100.0	....	7.9	13.5	36.0	42.7	....	....
California	100.0	....	....	.7	9.6	67.6	20.0	2.1
Colorado	100.0	....	.7	2.1	20.0	52.9	22.9	1.4
Connecticut	100.0	.6	8.6	22.3	32.6	28.6	5.7	1.7
Delaware	100.0	....	5.4	16.2	43.2	32.4	2.7	....
Florida	100.0	1.7	10.8	15.4	41.3	26.3	4.2	.4
Illinois	100.0	1.3	3.3	27.5	32.8	31.1	3.6	.3
Indiana	100.0	....	.8	14.3	34.3	45.3	4.9	.4
Iowa	100.0	....	1.0	15.2	31.3	37.4	13.1	2.0
Kansas	100.0	....	....	16.1	10.8	55.9	12.9	4.3
Kentucky	100.0	1.8	7.1	27.4	25.7	33.6	3.5	.9
Louisiana	100.0	7.5	26.9	19.4	23.9	20.9	1.5	....
Maryland	100.0	.5	6.9	12.7	32.8	41.7	4.4	1.0
Michigan	100.0	....	.9	12.2	28.9	49.3	8.2	.6
Minnesota	100.0	....	....	25.4	27.7	36.2	9.2	1.5
Mississippi	100.0	5.6	19.6	20.6	35.5	16.8	1.9	....
Missouri	100.0	....	2.3	29.4	30.5	32.1	5.7	....
Nebraska	100.0	1.8	....	18.4	25.4	33.3	16.7	4.4
New Jersey	100.0	....	2.3	8.6	30.0	48.4	10.1	.6
New York	100.0	.6	4.7	18.7	40.0	29.8	5.5	.7
North Carolina	100.0	....	6.3	2.1	18.3	69.0	2.1	2.1
Ohio	100.0	.5	1.6	17.7	34.0	39.1	6.9	.2
Oklahoma	100.0	....	7.6	26.1	18.5	32.8	13.4	1.7
Oregon	100.0	1.1	1.1	16.7	37.8	37.8	3.3	2.2
Pennsylvania	100.0	.6	3.2	17.7	33.7	38.6	5.4	.8
Tennessee	100.0	4.5	8.1	26.1	33.3	24.3	2.7	.9
Texas	100.0	.4	10.2	15.5	32.5	25.3	14.7	1.5
Virginia	100.0	2.3	13.8	9.2	38.7	28.6	6.9	.5
Washington	100.0	....	2.2	9.4	26.8	43.5	17.4	.7
West Virginia	100.0	1.4	4.2	28.2	31.0	28.2	7.0	....
Wisconsin	100.0	....	2.3	20.8	29.2	41.5	5.4	.8

See footnote at end of table.

Table F.—Percent Distribution of Psychiatric Aides, by Years of School Completed, by State, 1963 (R=7,529)—Con.

State [1]	Total	Grade 4 or less	Grade 5 to 7	Grade 8	High school 1–3 years	High school 4 years	College 1–3 years	College 4 or more years
State A	100.0	....	....	....	....	50.0	50.0	....
State B	100.0	....	....	9.7	41.9	32.3	12.9	3.2
State C	100.0	....	2.4	14.5	57.8	24.1	1.2	....
State D	100.0	.7	4.1	11.6	38.8	36.1	6.1	2.7
State F	100.0	....	....	14.3	28.6	57.1	....	....
State G	100.0	....	12.5	12.5	50.0	25.0	....	....
State H	100.0	....	3.7	16.7	20.4	51.9	5.6	1.9
State I	100.0	....	6.7	26.7	23.3	36.7	6.7	....
State J	100.0	....	....	9.1	9.1	81.8	....	....
State K	100.0	....	....	22.2	40.0	35.6	2.2	....
State L	100.0	11.8	17.6	23.5	23.5	17.6	5.9	....
State M	100.0	....	6.5	35.5	9.7	41.9	6.5	....
State N	100.0	....	12.3	21.9	54.8	11.0	....	....
State O	100.0	4.2	9.7	11.1	41.7	27.8	5.6	....
State Q	100.0	....	....	....	6.9	79.3	13.8	....
State R	100.0	....	....	14.3	39.3	35.7	7.1	3.6

[1] States with only 1 hospital or 1 reporting hospital are coded to avoid disclosure.

Table G.—Percent of Psychiatric Aides With Some Relevant Formal Training Prior to Employment, and With Some Previous Relevant Experience, by State, 1963

State [1]	Percent with—	
	Prior relevant formal training (R=6,635)	Previous relevant experience (R=7,246)
Total	8.2	26.8
Alabama	—	(2)
California	14.5	35.4
Colorado	24.5	32.4
Connecticut	4.0	27.8
Delaware	6.9	33.3
Florida	2.2	36.4
Illinois	15.3	30.1
Indiana	17.9	18.1
Iowa	7.3	25.3
Kansas	20.9	28.6
Kentucky	7.3	17.7
Louisiana	7.5	10.6
Maryland	7.9	22.5
Michigan	11.1	22.4
Minnesota	4.2	12.9
Mississippi	5.7	8.5
Missouri	2.5	19.9
Nebraska	8.3	29.6
New Jersey	7.9	30.2
New York	7.3	29.5
North Carolina	3.3	20.5
Ohio	9.7	34.3
Oklahoma	.9	22.7
Oregon	4.5	45.1
Pennsylvania	7.2	24.0
Tennessee	7.4	29.0
Texas	2.7	31.4
Virginia	3.4	21.6
Washington	11.6	49.3
West Virginia	3.0	4.2
Wisconsin	1.0	16.1
State B	18.2	66.7
State C	—	.1
State D	6.3	20.8
State F	20.0	—
State G	12.5	12.5
State H	25.0	40.0
State I	20.0	34.5
State J	11.1	45.5
State K	11.1	20.0
State L	—	13.6
State M	—	3.3
State N	—	21.6
State O	—	10.8
State Q	—	10.3
State R	7.4	39.3

[1] States with 1 hospital or 1 reporting hospital are coded to avoid disclosure.

[2] Response rate too low to warrant percentage distribution.

Dash signifies data not avaliable.

Table H.—Percent Distribution of Psychiatric Aides by Race, by State, 1963 (R=6,583)

State [1]	Total	White	Negro	Other
United States	100.0	80.0	18.6	1.4
Alabama	100.0	85.6	14.4	....
California	100.0	91.7	7.4	.9
Colorado	100.0	80.7	4.3	15.0
Connecticut	100.0	92.1	7.9	....
Delaware	100.0	48.6	51.4	....
Florida	100.0	73.4	26.6	....
Illinois	100.0	84.7	15.3	....
Indiana	100.0	69.8	30.2	....
Iowa	100.0	100.0	....	....
Kansas	100.0	65.9	30.9	3.2
Kentucky	100.0	71.6	28.4	....
Louisiana	100.0	94.1	5.9	....
Maryland	100.0	63.9	35.1	1.0
Michigan	100.0	72.3	27.7	....
Minnesota	100.0	100.0	....	....
Mississippi	100.0	58.3	41.7	....
Missouri	100.0	83.2	16.8	....
Nebraska	100.0	95.7	1.7	2.6
New Jersey	100.0	32.3	67.7	....
New York	100.0	88.3	10.9	.8
North Carolina	100.0	69.9	30.1	....
Ohio	100.0	73.7	25.7	.6
Oklahoma	100.0	83.2	15.1	1.7
Oregon	100.0	100.0	....	....
Pennsylvania	100.0	77.9	22.1	....
Tennessee	100.0	92.9	7.1	....
Texas	100.0	88.3	6.0	5.6
Virginia	100.0	60.3	39.7	....
Washington	100.0	98.9	....	1.1
West Virginia	100.0	97.2	2.8	....
Wisconsin	100.0	98.6	.7	.7
State A	100.0	100.0	....	....
State B	100.0	90.3	9.7	....
State C	100.0	98.8	1.2	....
State D	100.0	13.5	86.5	....
State F	100.0	....	....	100.0
State G	100.0	100.0	....	....

Table H.—Percent Distribution of Psychiatric Aides by Race, by State, 1963 (R=6,583)—Continued

State [1]	Total	White	Negro	Other
State H	100.0	100.0	....	....
State I	100.0	100.0	....	....
State J	100.0	81.8	18.2	....
State K	100.0	100.0	....	....
State L	100.0	4.5	....	95.5
State M	100.0	100.0	....	....
State N	100.0	95.9	4.1	....
State O	100.0	51.4	48.6	....
State Q	100.0	100.0	....	....
State R	100.0	100.0	....	....

[1] States with 1 hospital or 1 reporting hospital are coded to avoid disclosure.

Table I.—Percent Distribution of Psychiatric Aides, by Marital Status, Age and Sex, 1963

Age	Male (R=3,281)			Female (R=4,759)		
	Total	Married	Other	Total	Married	Other
Total	100.0	69.2	30.8	100.0	71.4	28.6
Under 21	100.0	11.6	88.4	100.0	28.4	71.6
21–24	100.0	35.3	64.7	100.0	57.4	42.6
25–29	100.0	61.0	39.0	100.0	74.4	25.6
30–34	100.0	73.3	26.7	100.0	75.6	24.4
35–39	100.0	81.7	18.3	100.0	80.3	19.7
40–44	100.0	77.6	22.4	100.0	79.2	20.8
45–49	100.0	81.7	18.3	100.0	78.4	21.6
50–54	100.0	85.5	14.5	100.0	72.0	28.0
55–59	100.0	86.3	13.7	100.0	66.4	33.6
60–64	100.0	81.2	18.8	100.0	55.1	44.9
65 and over	100.0	84.7	15.3	100.0	45.1	54.9
Unknown	100.0	75.8	24.2	100.0	71.4	28.6

Table J.—Percent Distribution of Psychiatric Aides, by Year Employed in Same Hospital and State, 1963

State [1]	R	Total	Year employed			
			1961-63	1958-60	1954-57	1953 and earlier
Total	8,392	100.0	28.3	22.1	22.6	27.0
Alabama	102	100.0	37.3	23.5	16.7	22.5
California	747	100.0	28.9	22.0	22.5	26.6
Colorado	139	100.0	41.8	15.8	15.8	26.6
Connecticut	177	100.0	17.0	19.6	24.9	38.5
Delaware	36	100.0	36.1	25.0	13.9	25.0
Florida	241	100.0	50.2	26.2	14.9	8.7
Illinois	328	100.0	22.4	14.0	28.6	35.0
Indiana	269	100.0	38.3	25.7	23.4	12.6
Iowa	99	100.0	36.4	22.2	24.2	17.2
Kansas	94	100.0	16.0	19.0	33.0	31.9
Kentucky	116	100.0	21.5	19.0	27.6	31.9
Louisiana	68	100.0	23.5	22.1	41.2	13.2
Maryland	206	100.0	33.5	20.4	21.4	24.7
Massachusetts	383	100.0	17.8	20.4	23.9	37.9
Michigan	378	100.0	14.8	12.2	27.8	45.2
Minnesota	146	100.0	19.9	22.6	22.6	34.9
Mississippi	108	100.0	28.7	24.1	29.6	17.6
Missouri	266	100.0	26.7	30.8	23.7	18.8
Nebraska	116	100.0	33.6	17.2	25.9	23.3
New Jersey	357	100.0	30.5	24.9	21.6	23.0
New York	906	100.0	18.5	20.3	24.4	36.8
North Carolina	155	100.0	33.6	22.6	16.1	27.7
Ohio	446	100.0	28.5	25.1	24.0	22.4
Oklahoma	119	100.0	37.8	19.3	21.9	21.0
Oregon	91	100.0	39.5	26.4	20.9	13.2
Pennsylvania	639	100.0	29.0	21.6	24.1	25.3
Tennessee	112	100.0	56.3	32.1	6.2	5.4
Texas	266	100.0	39.1	19.9	18.4	22.6
Virginia	217	100.0	28.1	25.8	21.7	24.4
Washington	139	100.0	25.9	30.2	25.9	18.0
West Virginia	69	100.0	34.8	26.1	24.6	14.5
Wisconsin	184	100.0	26.6	22.3	27.7	23.4
State A	2	100.0	100.0	....	....	....
State B	31	100.0	35.5	54.8	9.7	....
State C	82	100.0	12.2	14.6	23.2	50.0
State D	150	100.0	26.7	14.0	13.3	46.0
State F	13	100.0	....	31.0	38.0	31.0
State G	8	100.0	50.0	25.0	12.5	12.5
State H	53	100.0	37.7	26.4	22.7	13.2
State I	30	100.0	43.3	36.7	13.3	6.7
State J	11	100.0	63.6	36.4	....	....
State K	45	100.0	28.9	35.5	20.0	15.6
State L	22	100.0	59.1	36.4	4.5	....
State M	31	100.0	19.4	32.2	19.4	29.0
State N	74	100.0	31.1	32.4	14.9	21.6
State O	74	100.0	33.8	13.5	14.9	37.8
State Q	29	100.0	41.4	24.1	10.4	24.1
State R	28	100.0	28.6	50.0	....	21.4

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[1] States with 1 hospital or 1 hospital reporting are coded to avoid disclosure.

Table K.—Percent Distribution of Psychiatric Aides, by Annual Salary, by State, 1963

State [1]	N	Total	Under $1,000	$1,001–$1,500	$1,501–$2,000	$2,001–$2,500	$2,501–$3,000	$3,001–$3,500	$3,501–$4,000	$4,001–$4,500	$4,501–$5,000	$5,001–$5,500	More than $5,500
Total	8,395	100.0	0.3	1.2	1.4	9.6	17.8	17.8	18.8	13.3	11.5	6.4	1.9
Alabama	102	100.0		1.0		39.2	46.1	12.7	1.0				
California	752	100.0		.1				.3	15.3	13.3	14.5	40.0	16.5
Colorado	140	100.0					17.9	32.1	17.1	16.4	13.6	2.2	.7
Connecticut	177	100.0	.6			.6		9.6	15.8	27.7	24.3	18.6	2.8
Delaware	36	100.0			2.8	25.0	55.5	16.7					
Florida	241	100.0			1.2	36.0	61.0	1.0				.4	.4
Illinois	308	100.0					9.7	25.7	24.4	27.9	10.4	1.6	.3
Indiana	268	100.0		.4		13.4	45.9	25.4	12.3	2.6			
Iowa	99	100.0				2.0	63.6	27.3	6.1		1.0		
Kansas	94	100.0					17.0	12.8	46.8	4.3	19.1		
Kentucky	116	100.0				32.7	53.4	12.9	1.0				
Louisiana	67	100.0			22.4	52.2	17.9	6.0		1.5			
Maryland	206	100.0				.5	32.5	14.6	33.0	14.1	5.3		
Massachusetts	394	100.0		.8				27.7	27.9	19.0	24.6		
Michigan	379	100.0								16.6	54.4	25.6	3.4
Minnesota	146	100.0			.7		5.5	26.0	45.2	16.4	5.5	.7	
Mississippi	108	100.0	19.4	65.7	6.5	5.6	1.9	.9					
Missouri	287	100.0				42.3	38.2	16.1	3.0	.4			
Nebraska	116	100.0				20.7	40.5	28.4	9.5	.9			
New Jersey	351	100.0			.6		5.7	60.4	15.7	6.8	7.7	2.5	.6
New York	907	100.0			.4	.7	.3	.4	29.7	39.9	23.1	5.5	
North Carolina	156	100.0					42.9	44.9	7.7	2.6	1.9		
Ohio	444	100.0					23.2	35.1	31.0	5.0	4.1	1.1	.5
Oklahoma	117	100.0		1.7		75.2	22.2	.9					
Oregon	91	100.0					16.5	7.7	61.5	8.8	3.3	2.2	
Pennsylvania	639	100.0		.2			23.8	26.4	31.1	10.6	7.4	.2	.3
Tennessee	112	100.0			60.7	34.8	4.5						
Texas	266	100.0			1.1	44.4	42.5	7.5	4.5				
Virginia	219	100.0				10.5	29.2	33.8	19.2	7.3			
Washington	139	100.0		.7			1.5	22.3	41.0	32.3	1.5	.7	
West Virginia	72	100.0				45.8	44.5	8.3	1.4				
Wisconsin	184	100.0		.5		1.6	12.5	17.9	15.8	26.1	19.0	5.4	1.1
State A	2	100.0								100.0			
State B	31	100.0					22.6	67.7	9.7				
State C	83	100.0		1.2		71.1	24.1	3.6					
State D	149	100.0						2.7	20.1	22.2	40.9	11.4	2.7
State F	13	100.0								23.1	61.5	15.4	
State G	8	100.0					75.0	12.5		12.5			
State H	53	100.0					1.9	69.8	18.9	7.5	1.9		
State I	30	100.0					23.3	73.4	3.3				
State J	11	100.0						36.4	54.5	9.1			
State K	45	100.0					15.6	62.2	22.2				
State L	22	100.0				100.0							
State M	31	100.0				3.2	61.3	12.9	19.4	3.2			
State N	74	100.0					31.1	21.6	32.4	9.4	2.7	1.4	1.4
State O	73	100.0		20.5	19.2	24.7	13.7	15.1	6.8				
State Q	29	100.0					6.9	58.6	24.1	10.4			
State R	28	100.0						17.9	46.4	14.3	17.9		3.5

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[1] States with 1 hospital or 1 hospital reporting are coded to avoid disclosure.

Table L.—Percent Distribution of Psychiatric Aides by Annual Salary, by Race, 1963

Annual salary	Total		Race		
	All aides (R=8,395)	Aides with data on race (R=6,563)	White (R=5,250)	Negro (R=1,221)	Other (R=93)
Total	100.0	100.0	100.0	100.0	100.0
Under $1,000	.3	.3	.3	.7	....
$1,001-$1,500	1.2	1.5	.8	4.1	1.1
$1,501-$2,000	1.4	1.7	1.7	2.2	....
$2,001-$2,500	9.5	12.1	11.4	13.2	35.8
$2,501-$3,000	17.8	22.1	21.9	23.3	17.4
$3,001-$3,500	17.8	17.7	17.2	20.3	10.9
$3,501-$4,000	18.8	16.6	17.2	14.4	9.8
$4,001-$4,500	13.4	10.7	11.3	8.3	9.8
$4,501-$5,000	11.5	9.2	9.0	10.1	4.3
$5,001-$5,500	6.4	6.2	7.0	3.0	....
More than $5,500	1.9	1.9	2.2	.3	....

Table M.—Percent Distribution of Psychiatric Aides, by Annual Salary and Years of School Completed, 1963

Annual salary	Total (R=8,395)	Years of school completed							
		Grade 4 or less (R=55)	Grades 5-7 (R=337)	Grade 8 (R=1,198)	High school 1-3 years (R=2,345)	High school 4 years (R=2,903)	College 1-3 years (R=589)	College 4 or more years (R=73)	Unknown (R=895)
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under $1,000	.3	....	1.2	.5	.3	.1	.2	....	....
$1,001-$1,500	1.2	9.1	4.2	1.4	1.2	.9	.5	....	.4
$1,501-$2,000	1.4	10.9	3.9	2.3	1.6	1.0	.5	1.4	.2
$2,001-$2,500	9.6	18.2	14.2	10.6	10.7	9.5	10.5	11.0	2.2
$2,501-$3,000	17.8	16.4	22.0	19.9	20.1	19.6	17.8	17.8	2.0
$3,001-$3,500	17.8	9.1	14.5	16.3	18.1	19.1	17.5	15.1	17.2
$3,501-$4,000	18.8	18.2	18.7	20.5	18.5	18.2	18.7	24.7	18.9
$4,001-$4,500	13.3	12.7	9.2	14.4	13.7	12.6	14.6	6.8	14.6
$4,501-$5,000	11.5	5.5	9.5	10.2	10.7	10.4	9.3	12.3	21.5
$5,001-$5,500	6.4	....	2.7	3.5	4.3	6.7	7.0	11.0	15.9
Over $5,500	1.9	....	....	.4	.7	1.9	3.4	....	7.0
Estimated median salary	$3, 550	$2, 860	$3, 155	$3, 470	$3, 445	$3, 495	$3, 580	$3, 595	$4, 310

Table N.—Percent of Aides Mentioning Specified Duties in Answer to Particular Questions Related to Performance and Attitude, 1963

Duties	Do on job (R= 2,260)	Spend most time doing (R= 2,238)	Most important (R= 2,243)	Most enjoy (R= 2,213)	Least enjoy (R= 2,143)	Patients want most (R= 2,221)	Thought would do—prejob (R= 2,219)
A. *Nursing care*							
Give medicine to patients	76.0	30.0	44.0	19.2	3.2	10.0	48.6
Take temperature, blood pressure, change dressings, and other medical care	91.6	15.1	27.2	13.7	6.3	2.6	64.4
Bathe patients or keep untidy ones clean	89.6	41.0	30.6	21.2	18.1	11.1	92.3
Feed bed patients and serve food to others	83.6	21.3	15.4	12.2	9.4	9.5	87.8
Help patients dress	90.9	16.9	5.6	8.7	3.6	23.2	87.8
B. *Counseling duties*							
Play games with patients, supervise or encourage their recreation	79.6	17.1	10.8	32.5	2.4	40.8	68.0
Point out to patient how his thinking or behavior is wrong	70.7	2.1	4.8	4.3	6.2	2.5	37.9
Encourage patients to mix with one another	87.5	10.1	9.4	18.3	.7	3.2	65.6
Help patient discuss his problems	80.3	9.3	11.7	27.0	2.8	33.9	47.8
Encourage and reassure the patient	91.9	10.8	26.5	31.7	.6	28.6	67.5
Have friendly conversation with patients	96.7	9.4	10.3	36.8	.8	39.6	76.7
C. *Monitorial duties*							
Break up fights and arguments and keep harmony	91.0	8.0	9.2	1.6	52.1	4.2	73.0
Protect the patient's personal belongings	90.1	3.4	2.0	1.7	6.1	22.0	68.7
See that patients keep appointments	84.5	5.4	3.0	1.2	1.3	3.1	50.7
Provide information to patients about hospital rules, procedures, and opportunities	80.7	2.2	2.6	2.4	2.8	5.8	49.4
Supervise patients in their work	86.6	14.7	5.5	10.5	3.7	6.4	70.5
Take patients from one place to another	86.5	7.8	1.1	7.5	5.1	15.2	79.2
See that one patient does not take advantage of another	93.7	2.9	3.7	1.7	7.4	5.2	65.8
Keep dangerous objects away from patients	95.8	2.4	7.5	1.7	5.8	.4	86.1
Assist and supervise patients with visitors	76.3	.6	.1	.8	6.9	.5	58.9
D. *Informational duties*							
Write notes in patient's chart	75.8	12.6	10.1	3.5	7.6	.4	41.9
Discuss with other employees how a patient can be helped the most	84.0	3.9	7.9	7.8	1.4	.7	51.0
Make reports to psychiatrist on patient's mental condition	56.2	2.7	9.9	3.1	1.6	2.2	37.4
Report to nurse on patient's mental condition	87.6	3.5	8.0	1.8	.9	1.4	60.5
Tell nurse about a patient's physical complaints	91.9	2.4	8.4	1.4	.7	7.6	71.6
Tell psychiatrist about patient's physical condition	58.7	2.3	4.7	1.7	1.3	5.6	38.7
E. *Housekeeping duties*							
Wash walls, windows, floors, etc	72.6	9.7	.8	.9	53.1	1.4	43.4
Keep track of ward supplies and patient's store orders	78.7	4.0	1.6	1.6	17.5	3.7	49.9
Put away and distribute laundry and clothes	79.1	5.0	.5	.5	28.0	1.4	58.5
Make beds, keep floors and equipment clean	88.6	15.4	4.9	4.9	26.1	1.6	82.5
F. *Performance improvement*							
Attend staff meetings, ward conferences, or classes	71.2	1.9	1.8	4.7	5.3	.1	41.6
Get to know patient's history and cause of his illness	65.7	2.3	4.8	9.5	.7	.3	38.5

Table O.—Percent of Aides' Time Devoted to Nursing Care, by State, 1963

State[1]	R	Total	Percent				
			None	Under 25	26–50	51–75	76 or more
Total	7,730	100.0	1.4	3.5	10.1	19.0	66.0
Alabama	104	100.0	....	....	3.8	6.7	89.4
California	720	100.0	1.4	4.2	17.9	12.8	63.7
Colorado	140	100.0	.7	5.7	22.9	21.4	49.3
Connecticut	176	100.0	.6	1.1	29.0	29.5	39.8
Delaware	36	100.0	2.8	13.9	11.1	11.1	61.1
Florida	239	100.0	....	.8	5.0	30.6	63.6
Illinois	308	100.0	.3	6.5	8.1	20.8	64.3
Indiana	269	100.0	.4	1.1	7.4	12.7	78.4
Iowa	98	100.0	2.0	1.0	1.0	28.6	67.4
Kansas	94	100.0	....	....	1.1	22.3	76.6
Kentucky	116	100.0	.9	18.1	20.7	37.9	22.4
Louisiana	68	100.0	1.5	2.9	4.4	13.2	78.0
Maryland	200	100.0	3.0	3.0	2.0	1.0	91.0
Massachusetts	NA	....	....	NA	....	....	NA
Michigan	371	100.0	.5	2.2	2.2	18.0	77.1
Minnesota	146	100.0	....	.7	2.1	17.1	80.1
Mississippi	108	100.0	....	1.9	....	8.3	89.8
Missouri	267	100.0	2.2	.8	1.5	27.0	68.5
Nebraska	115	100.0	1.7	1.7	3.5	14.8	78.3
New Jersey	350	100.0	.6	....	13.7	16.3	69.4
New York	758	100.0	3.3	4.7	20.2	19.0	52.8
North Carolina	156	100.0	1.9	1.3	3.2	28.2	65.4
Ohio	445	100.0	.2	.9	2.7	8.1	88.1
Oklahoma	119	100.0	2.5	....	....	21.0	76.5
Oregon	91	100.0	....	2.2	....	48.4	49.4
Pennsylvania	637	100.0	1.7	3.3	11.8	16.3	66.9
Tennessee	111	100.0	....	....	....	....	....
Texas	266	100.0	1.1	1.5	1.1	17.7	78.6
Virginia	217	100.0	.9	8.3	4.2	12.9	73.7
Washington	138	100.0	2.2	.7	19.6	9.4	68.1
West Virginia	71	100.0	....	....	1.4	....	98.6
Wisconsin	119	100.0	6.8	9.2	9.2	24.4	50.4
State A	2	100.0	....	....	100.0	....	....
State B	30	100.0	....	....	....	16.7	83.3
State C	82	100.0	....	2.4	6.1	52.5	39.0
State D	146	100.0	....	....	....	....	100.0
State F	13	100.0	....	....	....	....	100.0
State G	8	100.0	....	....	....	....	100.0
State H	52	100.0	2.0	9.6	9.6	69.2	9.6
State I	30	100.0	3.3	....	....	46.7	50.0
State J	11	100.0	....	....	....	....	100.0
State K	45	100.0	....	....	....	100.0	....
State L	22	100.0	4.5	....	95.5	....	....
State M	31	100.0	....	3.2	16.1	51.6	29.1
State N	74	100.0	6.8	2.7	24.3	20.3	45.9
State O	74	100.0	....	41.9	43.2	14.9	....
State Q	29	100.0	3.5	41.4	24.1	31.0	....
State R	28	100.0	....	7.1	....	....	92.9

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[1] States with 1 hospital or 1 hospital reporting are coded to avoid disclosure.

Table P.—Percent of Aides Mentioning Specified Job Duties Engaged in, by Education Completed, 1963

Duties	Total (R=2,260)	Grade 4 or less (R=12)	Grades 5-7 (R=110)	Grade 8 (R=341)	1-3 years high school (R=642)	High school (R=826)	1-3 years college (R=305)	College (R=22)
A. *Nursing care*								
Give medicine to patients	76.0	75.0	67.3	77.7	76.5	75.5	78.7	63.6
Take temperature, blood pressure, change dressings, and other medical care	91.6	83.3	82.7	88.6	92.4	93.0	94.1	90.9
Bathe patients or keep untidy ones clean	89.6	91.7	94.5	85.0	88.8	90.8	92.5	81.8
Feed bed patients and serve food to others	83.6	91.7	88.2	80.6	86.8	81.8	83.6	81.8
Help patients dress	90.9	91.7	93.6	89.4	93.1	89.5	91.5	90.9
B. *Counseling duties*								
Play games with patients, supervise or encourage their recreation	79.6	83.3	86.4	73.9	78.8	80.1	83.6	86.4
Point out to patient how his thinking or behavior is wrong	70.7	75.0	80.9	77.4	73.7	66.3	65.2	72.7
Encourage patients to mix with one another	87.5	83.3	91.8	85.9	88.3	87.3	86.2	100.0
Help a patient discuss his problems	80.3	75.0	86.4	77.4	78.5	80.8	83.0	100.0
Encourage and reassure patient	91.9	83.3	89.1	88.3	93.3	91.6	95.7	95.5
Have friendly conversation with patient	96.7	100.0	100.0	95.3	97.0	96.1	97.4	100.0
C. *Monitorial duties*								
Break up fights and arguments and keep harmony	91.0	100.0	96.4	93.8	90.5	89.6	90.2	100.0
Protect the patient's personal belongings	90.1	91.7	96.4	89.7	92.5	88.4	88.5	90.9
See that patients keep appointments	84.5	83.3	80.0	79.2	85.4	87.2	84.3	77.3
Provide information to patients about hospital rules, procedures, opportunities	80.7	100.0	75.5	76.2	77.9	84.1	83.0	95.5
Supervise patients in their work	86.6	100.0	89.1	87.7	86.6	85.7	86.9	90.9
Take patients from one place to another	86.5	100.0	85.5	82.1	88.3	87.0	86.9	77.3
See that one patient does not take advantage of another	93.7	100.0	98.2	95.9	95.0	91.3	93.4	100.0
Keep dangerous objects from patients	95.8	91.7	96.4	95.6	96.6	94.8	97.0	100.0
Assist and supervise patients with visitors	76.3	91.7	70.0	73.9	76.9	76.6	78.4	81.8
D. *Informational duties*								
Write notes in patient's chart	75.8	66.7	65.5	69.5	75.4	78.7	79.3	95.5
Discuss with other employees how a patient can be helped the most	84.0	91.7	83.6	86.8	80.5	84.5	85.9	100.0
Make reports to psychiatrist on patient's mental condition	56.2	83.3	45.5	52.2	57.6	57.9	54.4	68.2
Tell nurse about patient's physical complaints	91.9	91.7	87.3	88.0	93.6	92.5	92.8	100.0
Tell psychiatrist about patient's physical complaints	58.7	91.7	50.0	48.7	58.9	63.3	57.7	77.3
Report to nurse on patient's mental condition	87.6	91.7	90.0	82.4	89.3	87.9	88.5	90.9
E. *Housekeeping duties*								
Wash walls, windows, floors, etc	72.6	100.0	76.4	68.0	76.5	73.4	65.9	63.6
Keep track of ward supplies and patient's store orders	78.7	75.0	80.0	78.9	78.2	80.5	75.4	72.7
Put away and distribute laundry and clothes	79.1	100.0	82.7	78.6	80.1	78.1	79.3	68.2
Make beds, keep floors and equipment clean	88.6	91.7	90.0	87.7	90.2	89.6	84.9	72.7
F. *Performance improvement*								
Attend staff meetings, ward conferences, or classes	71.2	91.7	60.0	61.3	68.8	75.8	76.4	95.5
Get to know the patient's history and cause of his illness	65.7	75.0	53.6	54.3	56.7	73.8	78.7	77.3

Table Q.—Percent of Aides Who Believe That Specified Duty Is Among the 3 Most Important To Do Well, by Education Completed, 1963

Duties	Total (R=2,260)	Grade 4 or less (R=12)	Grades 5–7 (R=110)	Grade 8 (R=341)	1–3 years high school (R=642)	High school (R=826)	1–3 years college (R=305)	College (R=22)
A. *Nursing care*								
Give medicine to patients	44.0	8.3	32.4	45.9	46.7	43.5	43.6	45.0
Take temperature, blood pressure, change dressings, and other medical care	27.2	16.7	26.9	26.9	27.1	28.5	24.4	35.0
Bathe patients or keep untidy ones clean	30.6	50.0	54.6	29.3	38.3	27.3	16.2	20.0
Feed bed patients and serve food to others	15.4	....	28.7	14.8	17.8	15.4	7.6	10.0
Help patients dress	5.6	25.0	11.1	6.5	7.0	5.1	.7	....
B. *Counseling duties*								
Play games with patients, supervise or encourage their recreation	10.8	....	20.4	8.9	10.0	10.3	12.9	15.0
Point out to patient how his thinking or behavior is wrong	4.8	....	7.4	8.0	5.8	2.4	4.6	10.0
Encourage patients to mix with one another	9.4	....	3.7	9.2	7.8	10.9	11.2	10.0
Help a patient discuss his problems	11.7	....	6.5	6.5	10.3	14.7	15.5	5.0
Encourage and reassure patient	26.5	8.3	16.7	23.1	22.7	30.8	29.7	35.0
Have friendly conversation with patient	10.3	8.3	7.4	9.2	7.9	11.7	12.2	30.0
C. *Monitorial duties*								
Break up fights and arguments and keep harmony	9.2	8.3	25.0	15.1	8.9	5.0	8.9	15.0
Protect the patient's personal belongings	2.0	16.7	2.8	1.5	2.0	2.2	1.0	5.0
See that patients keep appointments	3.0	....	2.8	3.8	3.1	3.3	1.7	....
Provide information to patients about hospital rules, procedures, opportunities	2.6	....	3.7	1.5	2.3	3.1	3.0	....
Supervise patients in their work	5.5	8.3	2.8	6.5	5.5	5.3	5.3	15.0
Take patients from one place to another	1.1	....	.9	1.5	.3	1.7	.7	....
See that one patient does not take advantage of another	3.7	....	3.7	2.1	5.5	2.6	5.3	5.0
Keep dangerous objects from patients	7.5	16.7	1.9	8.3	6.7	8.2	7.6	20.0
Assist and supervise patients with visitors	.1	....	....	.3	....	.1	....	....
D. *Informational duties*								
Write notes in patient's chart	10.1	....	10.2	8.6	8.6	9.2	18.2	5.0
Discuss with other employees how a patient can be helped the most	7.9	8.3	8.3	6.2	9.2	7.6	7.6	5.0
Make reports to psychiatrist on patient's mental condition	9.9	16.7	....	8.9	8.7	10.9	14.5	10.0
Tell nurse about patient's physical complaints	8.4	41.7	....	8.3	6.9	10.4	8.9	....
Tell psychiatrist about patient's physical complaints	4.7	16.7	....	5.3	3.9	5.6	4.6	5.0
Report to nurse on patient's mental condition	8.0	41.7	2.8	10.4	5.5	7.9	11.6	....
E. *Housekeeping duties*								
Wash walls, windows, floors, etc	.8	....	2.8	1.5	1.1	.2	.7	....
Keep track of ward supplies and patient's store orders	1.6	8.3	1.9	1.8	3.1	.6	.7	....
Put away and distribute laundry and clothes	.5	....	....	1.2	.9	....	.7	....
Make beds, keep floors and equipment clean	4.9	....	13.9	7.7	3.7	4.2	3.6	....
F. *Performance improvement*								
Attend staff meetings, ward conferences, or classes	1.8	....	....	1.8	.6	2.2	3.6	....
Get to know the patient's history and cause of his illness	4.8	....	1.9	.9	6.1	5.1	7.3	....

Table R.—Percent of Aides Reporting Specified Duty Is Among 3 Consuming Most Time, by Education Completed, 1963

Duties	Total (R=2,238)	Grade 4 or less (R=12)	Grades 5-7 (R=108)	Grade 8 (R=339)	1-3 years high school (R=639)	High school (R=818)	1-3 years college (R=301)	College (R=19)
A. *Nursing care*								
Give medicine to patients	30.0	25.0	22.2	26.3	31.3	32.2	29.6	15.8
Take temperature, blood pressure, change dressings, and other medical care	15.1	....	8.3	12.4	16.9	17.0	13.6	....
Bathe patients or keep untidy ones clean	41.0	25.0	51.9	40.4	44.9	40.3	33.9	15.8
Feed bed patients and serve food to others	21.3	33.3	33.3	20.6	21.1	22.5	14.6	15.8
Help patients dress	16.9	41.7	14.8	21.2	18.8	15.4	13.0	....
B. *Counseling duties*								
Play games with patients, supervise or encourage their recreation	17.1	....	20.4	15.9	15.5	16.5	21.6	42.1
Point out to patient how his thinking or behavior is wrong	2.1	....	....	3.2	2.5	1.6	2.0	....
Encourage patients to mix with one another	10.1	33.3	11.1	8.8	9.9	11.1	8.6	....
Help a patient discuss his problems	9.3	....	12.0	7.1	8.0	10.4	10.3	15.8
Encourage and reassure patient	10.8	....	10.2	11.5	9.2	10.6	14.0	15.8
Have a friendly conversation with patient	9.4	16.7	5.6	6.5	7.4	11.4	12.0	15.8
C. *Monitorial duties*								
Break up fights and arguments and keep harmony	8.0	25.0	3.7	10.3	10.0	5.4	8.6	15.8
Protect the patient's personal belongings	3.4	....	4.6	5.6	5.3	2.0	1.0	....
See that patients keep appointments	5.4	25.0	2.8	5.3	6.3	4.9	4.3	21.1
Provide information to patients about hospital rules, procedures, opportunities	2.2	....	4.6	1.8	1.9	1.8	3.0	10.5
Supervise patients in their work	14.7	16.7	8.3	14.5	13.1	17.0	12.6	36.8
Take patients from one place to another	7.8	....	4.6	4.7	6.7	11.2	5.6	5.3
See than one patient does not take advantage of another	2.9	....	3.7	3.8	2.8	1.8	3.0	31.6
Keep dangerous objects from patients	2.4	....	5.6	1.5	2.0	2.8	1.7	5.3
Assist and supervise patients with visitors	.6	....	1.9	.9	.3	.2	1.3	....
D. *Informational duties*								
Write notes in patient's chart	12.6	....	9.3	9.1	10.2	15.2	16.9	5.3
Discuss with other employees how a patient can be helped the most	3.9	....	1.9	1.8	3.4	4.9	5.0	5.3
Make reports to psychiatrist on patient's mental condition	2.7	....	....	2.4	2.7	2.8	4.3	....
Tell nurse about patient's physical complaints	2.4	....	....	2.9	1.3	2.4	5.3	....
Tell psychiatrist about patient's physical complaints	2.3	....	....	2.1	2.8	2.3	1.7	10.5
Report to nurse on patient's mental condition	3.5	8.3	4.6	5.0	2.5	3.3	4.3	....
E. *Housekeeping duties*								
Wash walls, windows, floors, etc	9.7	....	14.8	14.7	11.7	6.6	7.6	....
Keep track of ward supplies and patient's store orders	4.0	....	2.8	5.6	6.3	2.1	3.7	....
Put away and distribute laundry and clothes	5.0	16.7	3.7	8.6	5.0	3.8	4.3	....
Make beds, keep floors and equipment clean	15.4	16.7	32.4	15.3	16.6	13.7	12.6	....
F. *Performance improvement*								
Attend staff meetings, ward conferences, or classes	1.9	....	....	.9	1.3	2.0	4.0	5.3
Get to know the patient's history and cause of his illness	2.3	....	....	1.8	1.7	1.6	6.3	....

Table S.—Percent of Aides Mentioning Specified Duties Engaged in, by Sex, 1963

Duties	Total (R=2,260)	Male (R=861)	Female (R=1,399)
A. *Nursing care*			
Give medicine to patients	76.0	72.8	77.9
Take temperature, blood pressure, change dressings, and other medical care	91.6	88.5	93.6
Bathe patients or keep untidy ones clean	89.6	87.7	90.8
Feed bed patients and serve food to others	83.6	80.0	85.8
Help patients dress	90.9	87.8	92.9
B. *Counseling duties*			
Play games with patients, supervise or encourage their recreation	79.6	84.2	76.8
Point out to patient how his thinking or behavior is wrong	70.7	71.8	70.1
Encourage patients to mix with one another	87.5	86.6	88.0
Help a patient discuss his problems	80.3	79.9	80.5
Encourage and reassure patient	91.9	89.3	93.6
Have friendly conversations with patient	96.7	96.7	96.6
C. *Monitorial duties*			
Break up fights and arguments and keep harmony	91.0	92.9	89.8
Protect the patient's personal belongings	90.1	90.1	90.1
See that patients keep appointments	84.5	82.5	85.8
Provide information to patients about hospital rules, procedures, opportunities	80.7	82.0	79.9
Supervise patients in their work	86.6	88.5	85.5
Take patients from one place to another	86.5	89.0	84.9
See that one patient does not take advantage of another	93.7	94.3	93.4
Keep dangerous objects from patients	95.8	96.9	95.2
Assist and supervise patients with visitors	76.3	77.7	75.4
D. *Informational duties*			
Write notes in patient's chart	75.8	71.8	78.3
Discuss with other employees how a patient can be helped the most	84.0	82.0	85.2
Make reports to psychiatrist on patient's mental condition	56.2	57.5	55.3
Tell nurse about patient's physical complaints	91.9	90.0	93.1
Tell psychiatrist about patient's physical complaints	58.7	61.8	56.8
Report to nurse on patient's mental condition	87.6	84.7	89.4
E. *Housekeeping duties*			
Wash walls, windows, floors, etc	72.6	71.2	73.4
Keep track of ward supplies and patient's store orders	78.7	78.6	78.8
Put away and distribute laundry and clothes	79.1	77.8	79.8
Make beds, keep floors and equipment clean	88.6	84.7	91.1
F. *Performance improvement*			
Attend staff meetings, ward conferences, or classes	71.2	71.3	71.2
Get to know the patient's history and cause of his illness	65.7	66.9	64.9

Table T.—Percent of Aides Who Believe That Specified Duty Is Among the 3 Most Important to do Well, by Sex, 1963

Duties	Total (R=2,243)	Male	Female
A. *Nursing care*			
Give medicine to patients	44.0	42.1	45.2
Take temperature, blood pressure, change dressings, and other medical care	27.2	24.8	28.6
Bathe patients or keep untidy ones clean	30.6	22.5	35.5
Feed bed patients and serve food to others	15.4	10.4	18.5
Help patients dress	5.6	4.8	6.1
B. *Counseling duties*			
Play games with patients, supervise or encourage their recreation	10.8	14.8	8.3
Point out to patient how his thinking or behavior is wrong	4.8	6.4	3.9
Encourage patients to mix with one another	9.4	9.2	9.5
Help a patient discuss his problems	11.7	13.1	10.9
Encourage and reassure patient	26.5	24.1	27.9
Have friendly conversations with patient	10.3	11.3	9.8
C. *Monitorial duties*			
Break up fights and arguments and keep harmony	9.2	13.6	6.5
Protect the patient's personal belongings	2.0	2.9	1.4
See that patients keep appointments	3.0	3.5	2.7
Provide information to patients about hospital rules, procedures, opportunities	2.6	2.7	2.5
Supervise patients in their work	5.5	8.1	3.9
Take patients from one place to another	1.1	1.2	1.0
See that one patient does not take advantage of another	3.7	4.1	3.5
Keep dangerous objects from patients	7.5	10.1	6.0
Assist and supervise patients with visitors	.1	.2	....
D. *Informational duties*			
Write notes in patient's chart	10.1	12.1	8.8
Discuss with other employees how a patient can be helped the most	7.9	9.4	7.0
Make reports to psychiatrist on patient's mental condition	9.9	11.2	9.2
Tell nurse about patient's physical complaints	8.4	6.7	9.5
Tell psychiatrist about patient's physical complaints	4.7	4.2	5.0
Report to nurse on patient's mental condition	8.0	7.4	8.4
E. *Housekeeping duties*			
Wash walls, windows, floors, etc	.8	1.6	.4
Keep track of ward supplies and patient's store orders	1.6	3.1	.7
Put away and distribute laundry and clothes	.5	.4	.6
Make beds, keep floors and equipment clean	4.9	5.3	4.7
F. *Performance improvement*			
Attend staff meetings, ward conferences or classes	1.8	2.5	1.4
Get to know the patient's history and cause of his illness	4.8	4.4	5.1

Table U.—Percent of Aides Reporting Specified Duty Is Among 3 Consuming Most Time, by Sex, 1963

Duties	Total (R=2,238)	Male	Female
A. *Nursing care*			
Give medicine to patients	30.0	26.1	32.4
Take temperature, blood pressure, change dressings, and other medical care	15.1	12.6	16.7
Bathe patients or keep untidy ones clean	41.0	32.9	46.0
Feed bed patients and serve food to others	21.3	16.3	24.3
Help patients dress	16.9	11.4	20.2
B. *Counseling duties*			
Play games with patients, supervise or encourage their recreation	17.1	23.0	13.5
Point out to patient how his thinking or behavior is wrong	2.1	1.9	2.2
Encourage patients to mix with one another	10.1	10.1	10.1
Help a patient discuss his problems	9.3	9.1	9.5
Encourage and reassure patient	10.8	8.5	12.2
Have friendly conversations with patient	9.4	9.8	9.2
C. *Monitorial duties*			
Break up fights and arguments and keep harmony	8.0	11.9	5.6
Protect the patient's personal belongings	3.4	4.2	2.9
See that patients keep appointments	5.4	4.7	5.8
Provide information to patients about hospital rules, procedures, opportunities	2.2	2.2	2.2
Supervise patients in their work	14.7	19.8	11.5
Take patients from one place to another	7.8	9.1	7.0
See that one patient does not take advantage of another	2.9	5.1	1.6
Keep dangerous objects from patients	2.4	2.4	2.4
Assist and supervise patients with visitors	.6	.7	0.5
D. *Informational duties*			
Write notes in patient's chart	12.6	11.7	13.2
Discuss with other employees how a patient can be helped the most	3.9	5.0	3.3
Make reports to psychiatrist on patient's mental condition	2.7	4.1	1.9
Tell nurse about patient's physical complaints	2.4	2.2	2.5
Tell psychiatrist about patient's physical complaints	2.3	2.1	2.4
Report to nurse on patient's mental condition	3.5	2.2	4.3
E. *Housekeeping duties*			
Wash walls, windows, floors, etc	9.7	12.1	8.3
Keep track of ward supplies and patient's store orders	4.0	5.8	2.9
Put away and distribute laundry and clothes	5.0	5.2	4.8
Make beds, keep floors and equipment clean	15.4	17.3	14.2
F. *Performance improvement*			
Attend staff meetings, ward conferences, or classes	.6	.7	.5
Get to know the patient's history and cause of his illness	2.3	2.7	2.0

Table V.—Percent of Aides Who Had Completed at Least 1 Formal Training Program, by State, 1963

State [1]	Percent (R=7,752)
Total	68.7
Alabama	55.3
California	88.5
Colorado	36.8
Connecticut	90.4
Delaware	100.0
Florida	39.4
Illinois	61.0
Indiana	59.7
Iowa	85.7
Kansas	83.0
Kentucky	99.1
Louisiana	21.2
Maryland	47.8
Massachusetts	NA
Michigan	80.3
Minnesota	87.7
Mississippi	37.0
Missouri	66.0
Nebraska	44.8
New Jersey	68.2
New York	75.6
North Carolina	98.1
Ohio	71.5
Oklahoma	58.0
Oregon	86.5
Pennsylvania	92.3
Tennessee	41.1
Texas	73.3
Virginia	75.8
Washington	40.0
West Virginia	71.4
Wisconsin	43.8
State A	100.0
State B	35.5
State C	34.9
State D	74.3
State F	38.5
State G	100.0
State H	98.1
State I	100.0
State J	NA
State K	14.6
State L	45.5
State M	67.7
State N	77.8
State O	78.4
State Q	100.0
State R	21.4

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[1] States with 1 hospital or 1 hospital reporting are coded to avoid disclosure.

Table W.—Percent of Nurses Mentioning Specified Duties in Answer to Particular Questions Related to Aides' Performance and Attitude, 1963

Duties	Aides do on job (R= 1,408)	Aides spend most time doing (R= 1,398)	Aides think most important (R= 1,406)	Nurses feel most important (R= 1,406)	Psychiatrists feel most important (R= 1,388)	Aides seem to enjoy most (R= 1,405)	Aides seem to enjoy least (R= 1,398)	Patients want most (R= 1,408)	Aides perform least well (R= 1,376)
A. *Nursing care*									
Give medicine to patients	84.2	25.7	33.8	22.6	16.9	13.9	3.3	2.8	6.0
Take temperature, blood pressure, change dressings, and other medical care	96.0	12.9	19.2	19.6	6.4	9.8	6.8	1.2	10.4
Bathe patients or keep untidy ones clean	99.1	57.8	24.8	35.1	13.0	12.7	25.4	9.6	4.7
Feed bed patients and serve food to others	99.4	24.2	6.8	14.3	2.9	6.0	14.3	6.3	2.3
Help patients dress	99.1	10.7	1.8	4.2	1.4	3.5	2.4	10.0	2.9
B. *Counseling duties*									
Play games with patients, supervise or encourage their recreation	93.8	10.8	11.8	13.2	16.6	51.5	2.4	55.4	7.5
Point out to the patient how his thinking or behavior is wrong	60.2	.2	3.3	1.9	1.9	1.8	2.8	.7	22.2
Encourage patients to mix with one another	96.5	2.7	11.7	15.2	18.9	21.4	1.3	5.0	11.1
Help a patient discuss his problems	84.7	2.5	13.2	9.0	12.0	14.3	2.1	33.7	20.1
Encourage and reassure the patient	99.4	5.9	40.0	30.9	32.6	26.0	.3	43.3	8.0
Have friendly conversation with patients	99.4	5.0	8.4	10.5	11.8	46.5	.9	42.5	7.3
C. *Monitorial duties*									
Break up fights and arguments and keep harmony	98.2	1.4	3.4	4.5	5.6	2.6	22.7	4.3	1.2
Protect the patient's personal belongings	97.6	5.9	2.8	3.3	.6	1.6	5.9	32.0	9.9
See that patients keep appointments	94.5	6.0	.7	1.8	5.0	1.5	2.0	.5	2.1
Provide information about hospital rules, procedures, and opportunities	95.4	2.9	3.5	4.1	6.7	1.1	.7	11.8	11.3
Supervise patients in their work	96.0	14.0	5.1	2.8	5.9	13.1	1.8	3.0	7.4
Take patients from one place to another	98.6	18.5	.4	.6	.9	9.2	7.9	9.7	1.6
See that one patient does not take advantage of another	97.6	1.8	....	2.5	.5	2.2	1.7	6.9	3.1
Keep dangerous objects away from patients	99.6	.7	3.6	2.1	4.7	1.1	.1	.4	2.0
Assist and supervise patients with visitors	96.0	.1	.6	....	.6	3.3	4.9	.4	4.1
D. *Informational duties*									
Write notes in patient's chart	82.6	7.7	11.3	11.2	15.9	2.8	16.6	....	36.6
Discuss with other employees how a patient can be helped the most	92.7	.9	13.9	15.0	11.2	14.3	1.3	.8	13.1
Make reports to the psychiatrist on the patient's mental condition	66.9	.1	12.4	6.0	41.6	3.6	1.1	2.3	9.7
Report to the nurse on the patient's mental condition	98.2	1.4	25.6	28.5	18.9	3.6	1.0	.8	9.8
Tell the nurse about patient's physical complaints	99.8	....	23.7	25.6	11.3	4.8	.1	6.4	7.7
Tell the psychiatrist about patient's physical condition	71.2	.1	5.1	2.3	23.3	2.1	.8	6.0	2.8
E. *Housekeeping duties*									
Wash walls, windows, floors, etc	87.8	18.9	.5	1.2	.6	....	73.2	.1	19.3
Keep track of ward supplies and patient's store orders	93.3	9.1	.3	1.3	....	.9	24.0	2.6	10.9
Put away and distribute laundry and clothes	95.6	12.7	....	.5	....	.6	37.8	....	7.0
Make beds, keep floors and equipment clean	97.0	37.1	1.2	3.9	1.1	2.7	29.3	.6	7.8
F. *Performance improvement*									
Attend staff meetings, ward conferences, or classes	88.2	1.3	4.3	2.7	5.4	11.4	3.4	....	5.5
Get to know the patient's history and cause of his illness	50.9	.1	7.9	3.3	3.6	9.1	.2	.1	19.5

Appendix B

HOSPITALS PARTICIPATING IN THE STUDY

	Participation code[1]
Alabama:	
Bryce Hospital, Tuscaloosa	A, B
Searcy Hospital, Mount Vernon	A, B
Alaska: Anchorage Psychiatric Institute, Anchorage	A, B
Arizona: Arizona State Hospital, Phoenix	A, B
Arkansas: Arkansas State Hospital, Little Rock	A, B
California:	
Agnews State Hospital, Agnews	A, B
Atascadero State Hospital, Atascadero	A, B
Camarillo State Hospital, Camarillo	A, B, C, D
Dewitt State Hospital, Auburn	A, B
L. Porter Neuro-Psychiatric Institute, San Francisco	A, B, C
Mendocino State Hospital, Talmage	A, B
Metropolitan State Hospital, Norwalk	A, B, C, D
Modesto State Hospital, Modesto	A, B
Napa State Hospital, Napa	A, B, C, D
Patton State Hospital, Patton	A, B
Stockton State Hospital, Stockton	A, B, C, D
UCLA Neuropsychiatric Institutes, Los Angeles	A, B, C
Colorado:	
Colorado Psychopathic Hospital, Denver	A, B
Colorado State Hospital, Pueblo	A, B
Fort Logan Mental Health Center, Fort Logan	A, B
Connecticut:	
Connecticut State Hospital, Middletown	A, B
Fairfield State Hospital, Newtown	A, B, C, D
Norwich State Hospital, Norwich	A, B
Undercliff Hospital, Meriden	A, B
Delaware:	
Delaware State Hospital, Farnhurst	A, B, C, D
Gov. Bacon Health Center, Delaware City	A, B, C
District of Columbia: St. Elizabeths Hospital, Washington	A, B, C, D
Florida:	
Florida State Hospital, Chattachoochee	A, B, C, D
G. Pierce Wood Memorial Hospital, Arcadia	A, B
Northeast Florida State Hospital, Macclenney	A, B
South Florida State Hospital, Hollywood	A, B
Georgia: Milledgeville State Hospital, Milledgeville	
Hawaii: Hawaii State Hospital, Kaneohe Oahu	A, B
Idaho:	
State Hospital, North, Orofino	A, B
State Hospital, South, Blackfoot	
Illinois:	
Alton State Hospital, Alton	A, B, C, D
Anna State Hospital, Anna	A, B
Chicago State Hospital, Chicago	A, C, D
East Moline State Hospital, East Moline	A, B
Illinois—Continued	
Elgin State Hospital, Elgin	
Galesburg State Res. Hospital, Galesburg	A, B
Illinois State Psychiatric Institute, Chicago	A
Jacksonville State Hospital, Jacksonville	A, B
Kankakee State Hospital, Kankakee	A, B, C, D
Manteno State Hospital, Manteno	A, B, C, D
Peoria State Hospital, Peoria	A
Tinley Park State Hospital, Tinley Park	A
Illinois Security, Menard	
Indiana:	
Beatty Memorial Hospital Civ. Division, Westville	A, B
Beatty Memorial Hospital Max. Sec. Division, Westville	A
Central State Hospital, Indianapolis	A, B
Evansville State Hospital, Evansville	A, B
LaRue D. Carter Memorial Hospital, Indianapolis	A, C
Loganport State Hospital, Loganport	A, B
Madison State Hospital, North Madison	A, B
New Castle State Hospital, New Castle	A, B
Richmond State Hospital, Richmond	A, B
Iowa:	
Iowa State Psychopathic Hospital, Iowa City	A, B
Mental Health Institute, Cherokee	A, B
Mental Health Institute, Clarinda	A, B
Mental Health Institute, Independence	A, B
Mental Health Institute, Mount Pleasant	A, B, C, D
Kansas:	
Larned State Hospital, Larned	A, B, C, D
Osawatomie State Hospital, Osawatomie	A, B, C, D
Topeka State Hospital, Topeka	A, B
Kentucky:	
Central State Hospital, Lakeland	A, B
Eastern State Hospital, Lexington	A, B
Kentucky State Hospital, Danville	A, B
Western State Hospital, Hopkinsville	A, B

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[1] A. Institutional form completed.

B. Personal and Employment Data of Psychiatric Aides schedules completed.

C. Aide interviews.

D. Nurse interviews.

A and B forms for some institutions were submitted too late for inclusion in the data. Such institutions are shown here as not participating with respect to these forms.

	Participation code
Louisiana:	
Central Louisiana State Hospital, Lakeland	A
East Louisiana State Hospital, Jackson	A, B
Southeast Louisiana State Hospital, Mandeville	A, B, C, D
Maine:	
Augusta State Hospital, Augusta	A, B
Bangor State Hospital, Bangor	B
Maryland:	
Clifton T. Perkins State Hospital, Jessup	A, B
Crownsville State Hospital, Crownsville	A, B
Eastern Shore State Hospital, Cambridge	A, B
Springfield State Hospital, Sykesville	A, B
Spring Grove State Hospital, Catonsville	A, B
The Sylvan Retreat, Cumberland	A, B
Massachusetts:	
Boston State Hospital, Boston	A, B
Danvers State Hospital, Hathorne	A, B
Foxborough State Hospital, Foxborough	A, B
Gardner State Hospital, East Gardner	A, B
Grafton State Hospital, North Grafton	A, B
Massachusetts Mental Health Center, Boston	A
Medfield State Hospital, Harding	A, B
Metropolitan State Hospital, Waltham	A, B
Northampton State Hospital, Northampton	A, B
Tauton State Hospital, Taunton	A, B
Westborough State Hospital, Westborough	A, B
Worcester State Hospital, Worcester	A, B
Michigan:	
Howell State Hospital, Howell	A, B
Ionia State Hospital, Ionia	A, B
Kalamazoo State Hospital, Kalamazoo	A, B
Lafayette Clinic, Detroit	A, B, C
Newberry State Hospital, Newberry	A, B
Northville State Hospital, Northville	A, B
Pontiac State Hospital, Pontiac	A. B
Traverse City State Hospital, Traverse City	A, B
Wayne County General Hospital, Eloise	A, B
Ypsilanti State Hospital, Ypsilanti	A, B
Minnesota:	
Anoka State Hospital, Anoka	A, B
Fergus Falls State Hospital, Fergus Falls	A, B, C, D
Hastings State Hospital, Hastings	A, B
Moose Lake State Hospital, Moose Lake	A, B
Rochester State Hospital, Rochester	A, B
St. Peter State Hospital, St. Peter	A, B
Willmar State Hospital, Willmar	A, B
Mississippi:	
East Mississippi State Hospital, Meridian	A, B
Mississippi State Hospital, Whitfield	A, B
Missouri:	
St. Louis State Hospital, St. Louis	A, B
State Hospital No. 1, Fulton	A, B
State Hospital No. 2, St. Joseph	A, B
State Hospital No. 3, Nevada	A, B, C, D
State Hospital No. 4, Farmington	A, B, C, D
Montana: Montana State Hospital, Warm Springs	A, B, C, D
Nebraska:	
Hastings State Hospital, Ingleside	A, B
Lincoln State Hospital, Lincoln	A, B
Nebraska Psychiatric Institute, Omaha	A, B
Norfolk State Hospital, Norfolk	A, B
Nevada: Nevada State Hospital, Reno	A, B
New Hampshire: New Hampshire State Hospital, Concord	B
New Jersey:	
Atlantic County Mental Hospital, Northfield	A, B
Burlington County Mental Hospital, New Lisbon	A
Camden County Psychiatric Hospital, Grenloch	A
Cumberland County Mental Hospital, Bridgeton	
Essex County Mental Hospital, Cedar Grove	A, B
Hudson County Hospital for Mental Diseases, Secaucus	
New Jersey Neuro-Psychiatric Institute, Princeton	A, B
New Jersey State Hospital, Ancora	A, B
New Jersey State Hospital, Greystone Park	A, B
New Jersey State Hospital, Marlboro	A, C, D
New Jersey State Hospital, Trenton	A, B, C, D
New Mexico: New Mexico State Hospital, Las Vegas	A, B
New York:	
Binghamton State Hospital, Binghamton	A, B, C, D
Brooklyn State Hospital, Brooklyn	A, B, C, D
Buffalo State Hospital, Buffalo	A, B
Central Islip State Hospital, Central Islip	C, D
Creedmoor State Hospital, Queens Village	C, D
Dannemora State Hospital, Dannemora	
Gowanda State Hospital, Helmuth	A, B
Harlem Valley State Hospital, Wingdale	A, B, C, D
Hudson River State Hospital, Poughkeepsie	A, B, C, D
Kings Park State Hospital, Kings Park	B, C, D
Manhattan State Hospital, Wards Island	A, B
Marcy State Hospital, Marcy	A, B
Mattewan State Hospital, Beacon	
Middletown State Hospital, Middletown	
Pilgrim State Hospital, Brentwood	A, B, C, D
Psychiatric Institute, New York City	A, B
Rochester State Hospital, Rochester	A, B
Rockland State Hospital, Orangeburg	
St. Lawrence State Hospital, Ogdenburg	A, B
Syracuse Psychiatric Hospital, Syracuse	B
Utica State Hospital, Utica	C, D
Willard State Hospital, Willard	B
North Carolina:	
Broughton Hospital, Morganton	A, B
Cherry Hospital, Goldsboro	A, B
Dorothea Dix Hospital, Raleigh	A, B, C, D
John Umstead Hospital, Butner	A, B
North Dakota: North Dakota State Hospital, Jamestown	A, B
Ohio:	
Apple Creek State Hospital, Apple Creek	A, B
Athens State Hospital, Athens	A
Cambridge State Hospital, Cambridge	A, B
Cleveland Psychiatric Institute and Hospital, Cleveland	A, B
Cleveland State Hospital, Cleveland	A, B
Columbus Children's Psychiatric Hospital, Columbus	
Columbus Psychiatric Institute and Hospital, Columbus	
Columbus State Hospital, Columbus	A, B

	Participation code
Ohio—Continued	
Dayton Children's Psychiatric Hospital, Dayton	A, B
Dayton State Hospital, Dayton	A, B, C, D
Fairhill Psychiatric Hospital, Cleveland	A, B
Hawthornden State Hospital, Macedonia	A, B
Lima State Hospital, Lima	A, B
Longview State Hospital, Cincinnati	A, B, C, D
Massillon State Hospital, Massillon	A, B, C, D
Mount Vernon State Hospital, Mount Vernon	A, B
Portsmouth Receiving Hospital, Portsmouth	A
Rollman Psychiatric Institute, Cincinnati	A, B
Sagamore Hills, Northfield	A, B
Summit County Receiving Hospital, Cuyohoga Falls	A, B
Tiffin State Hospital, Tiffin	A, B
Toledo State Hospital, Toledo	A, B
Woodside Receiving Hospital, Youngstown	A, B
Oklahoma:	
Central State Hospital, Norman	A, B, C, D
Eastern State Hospital, Vinita	A, B, C, D
Taft State Hospital, Taft	A, B
Western State Hospital, Supply	A, B
Oregon:	
Dammasch State Hospital, Wilsonville	A, B
Eastern Oregon State Hospital, Pendleton	A, B
Oregon State Hospital, Salem	A, B
Pennsylvania:	
Allentown State Hospital, Allentown	A, B, C, D
Clark Summit State Hospital, Clark Summit	A, B
Danville State Hospital, Danville	A, B
Dixmont State Hospital, Glenfield	A, B
Eastern Pennsylvania Psychiatric Institute, Philadelphia	A, B, C
Embreeville State Hospital, Embreeville	A, B
Farview State Hospital, Waymart	A, B
Harrisburg State Hospital, Harrisburg	A, B
Haverford State Hospital, Haverford	A, B
Hollidaysburg State Hospital, Hollidaysburg	A, B
Mayview State Hospital, Mayview	A, B, C, D
Norristown State Hospital, Norristown	A, B
Philadelphia State Hospital, Philadelphia	A, B, C, D
Retreat State Hospital, Hunlock Creek	A, B, C, D
Somerset State Hospital, Somerset	A, B
Torrance State Hospital, Torrance	A, B
Warren State Hospital, Warren	A, B
Wernersville State Hospital, Wernersville	A, B, C, D
Woodville State Hospital, Woodville	A, B, C, D
Rhode Island: Rhode Island Institute of Mental Disease, Howard	A, B
South Carolina: South Carolina State Hospital, Columbia	A, B, C, D
South Dakota: Yankton State Hospital, Yankton	
Tennessee:	
Bork Memorial Hospital of Chattanooga, Silverdale	A, B
Central State Hospital, Nashville	A, B
Davidson County Hospital, Nashville	A, B
Eastern State Hospital, Knoxville	A, B
Gailor Memorial Psychiatric Hospital, Memphis.	
Moccasin Bend Psychiatric Hospital, Chattanooga	A, B

	Participation code
Tennessee—Continued	
Tennessee Psychiatric Hospital and Institute, Memphis	A, B, C
Western State Hospital, Bolivar	A, B
Texas:	
Austin State Hospital, Austin	A, B
Big Spring State Hospital, Big Spring	A, B
Houston State Psychiatric Institute, Houston	A, B, C
Kerrville State Hospital, Kerrville	A, B
Rusk State Hospital, Rusk	A, B
San Antonio State Hospital, San Antonio	A, B, C, D
Terrell State Hospital, Terrell	A, B
Texas Confederate Home for Men, Austin	A, B
Wichita Falls State Hospital, Wichita Falls	A, B
Utah: Utah State Hospital, Provo	B
Vermont: Vermont State Hospital, Waterbury	A, B
Virginia:	
Central State Hospital, Petersburg	A, B, C, D
Eastern State Hospital, Williamsburg	A, B
Southwestern State Hospital, Marion	A, B
Western State Hospital, Staunton	A, B
Washington:	
Eastern State Hospital, Medical Lake	A, B, C, D
Northern State Hospital, Sedro-Woolley	A, B, C, D
Western State Hospital, Fort Steilacoom	A, B
West Virginia:	
Barboursville State Hospital, Barboursville	A, B
Huntington State Hospital, Huntington	A, B
Lakin State Hospital, Lakin	A, B
Spencer State Hospital, Spencer	A, B
Weston State Hospital, Weston	A, B
Wisconsin:	
Brown County Hospital, Green Bay	A, B
Central State Hospital, Waupun	A, B
Chippewa County Hospital, Chippewa Falls	A, B
Clark County Hospital, Owen	A, B
Columbia County Hospital, Wyocena	A, B
Dane County Hospital, Verona	A, B
Dodge County Hospital, Juneau	A, B
Douglas County Hospital, Superior	A, B
Douglas County Hospital for Tub. Men. Ill, Superior	A, B
Dunn County Hospital, Menomonie	A, B
Eau Claire County Hospital, Eau Claire	A, B
Fond du Lac County Hospital, Fond du Lac	A, B
Grant County Hospital, Lancaster	A, B
Green County Hospital, Monroe	A, B
Iowa County Hospital, Dodgeville	
Jefferson County Hospital, Jefferson	A, B
La Crosse County Hospital, West Salem	
Manitowoc County Hospital, Manitowoc	
Marathon County Hospital, Wausau	
Marinette County Hospital, Peshtigo	A, B
Mendota State Hospital, Madison	A, B
Milwaukee County Mental Health Center South, Wauwatosa	A, B
Milwaukee County Mental Health Center North, Wauwatosa	A
Monroe County Hospital, Sparta	
Outgamie County Hospital, Appleton	A, B

	Participation Code
Wisconsin—Continued	
Racine County Hospital, Racine	A, B
Richland County Hospital, Richland Center	
Rock County Hospital, Janesville	A, B
St. Croix County Hospital, New Richmond	A, B
Sauk County Hospital, Reedsburg	A, B
Shawano County Hospital, Shawano	A, B
Sheboygan County Hospital, Sheboygan	
Trempealeau County Hospital, Whitehall	A, B
Vernon County Hospital, Viroqua	A, B
Wisconsin—Continued	
Walworth County Hospital, Elkhorn	A, B
Washington County Hospital, West Bend	A, B
Waukesha County Hospital, Waukesha	A, B
Waupaca County Hospital, Weyauwega	A, B, C
Winnebago County Hospital, Winnebago	A, B
Winnebago State Hospital, Winnebago	A, B, C
Wisconsin Diagnostic Center, Madison	A, B
Wood County Hospital, Marshfield	A, B
Wyoming: Wyoming State Hospital, Evanston	

Appendix C

SURVEY METHODOLOGY

1. SURVEY PROCESS

Field Organization

The data for the present survey were obtained in the course of visits to the participating hospitals, and are based in part on an examination of personnel records, interviews with hospital superintendents, directors of nursing and other administrative and supervisory personnel, as well as interviews with representative samples of psychiatric aides and nurses. The field organization consisted of the Project Director, a Division Project Coordinator in each State, a Task Group Leader for each hospital, a force of task group volunteers for each hospital, and a staff of skilled interviewers in the employ and under the direction of National Analysts, Inc. Division Project Coordinators, Task Group Leaders and task group volunteers were all volunteers, coopted for the study from local affiliates of the National Association for Mental Health.

Their several responsibilities were briefly as follows:

Project Director

Overall director of study.

Division Project Coordinator

- Arrangements for study with State mental hospital authority.
- Development of time table for data collection.
- Recruitment and training of Task Group Leaders.
- Supervision of collection and forwarding of following forms for hospitals in State: Listing of Psychiatric Aides, Institutional Form, Personnel and Employment Data of Psychiatric Aides.

Task Group Leader

- Recruitment and training of task group volunteers.
- Arrangements for study with hospital superintendents.
- Completion of Institutional Form.
- Supervision of completion by task group volunteers of Listing of Psychiatric Aides, and Personnel and Employment Data of Psychiatric Aides forms. Review and checking of entries. Transmittal of forms.

Task Group Volunteers

Completion of Listing of Psychiatric Aides, and Personnel and Employment Data of Psychiatric Aides forms.

Interviewers, National Analysis

Interviews with samples of psychiatric aides and nurses.

Chronology

The field phase of the study embraced the period December 1962–May 1963. Contacts with State mental hospital authorities were initiated in December 1962. Field contacts by Division Project Coordinators and Task Group Leaders were made in January 1963. In February, following recruitment and training of the volunteers, hospitals were visited for the purpose of interviewing administrative and supervisory personnel and collecting information on institutional policy and practice and on aides. The aide and nurse interviews were conducted in April and May 1963.

Field Visits to Hospitals

The initial step taken in the field stage of the survey was the collection by mail of all job titles by which psychiatric aides could be identified. This was effected by an inquiry addressed to the mental hospital authority in each State requesting position descriptions of all those subprofessional mental health workers who are engaged in direct patient contact primarily on wards, and who are not called upon to use specialized vocational skills (e.g. barbers, gardeners, etc.). All States responded. On the basis of the information furnished, the survey central office prepared a listing of payroll titles for each State and assigned code numbers to each payroll title. Copies of the State list, in numbers sufficient to supply all volunteers, were transmitted to all Task Group Leaders.

At the hospital, the Task Group Leader checked the Listing of Payroll Titles against those in actual use at the particular institution being visited, crossed off the titles not in use, added titles not listed but in use, and distributed corrected copies to volunteers. The volunteers, the recipients of a brief training program had two tasks. The first was to enter on the form Listing of Psychiatric Aides, in alphabetical order, all individuals of the hospital staff whose payroll title was on the Listing of Payroll Titles. The entry was limited to name, payroll title code, and sex. The second was to complete a Personnel and Employment Data of Psychiatric Aides form (P.E.D.P.A.) for every 10th individual on the Listing of Psychiatric Aides, identified by an "X" to the left of his name. The "X" was not entered by either volunteer or Group Leader, but was preprinted on the form (every 10th line) for the purpose of facilitating the drawing of a 10-percent sample. Information for the P.E.D.P.A. form was obtained from records in the personnel office and the Office of the Director of Nursing.

While the volunteers were engaged in these tasks, the Group Leader was completing the Institutional Form, on the basis of information supplied by the hospital personnel officer or the individual responsible for personnel records.

The work of volunteers and Group Leaders was facilitated by the use of instruction manuals, prepared earlier on the basis of a pretest experience with the forms in four hospitals in as many regions.

Interviews With Aides and Nurses

Interviews with 1,104 aides and 400 nurses comprised the final phase of the field survey.

2. RESPONDENTS AND UNIVERSE

The universe consisted of 288 hositals [1] and 96,000 aides.[2] The number of respondents, by form, was as follows:

Listing of Psychiatric Aides..	266 hospitals, which listed 89,631 aides' names.
Institutional Form...........	257 hospitals.
Personal and Employment Data of Psychiatric Aides.	8,433 aides,[3] working in 251 hospitals.
Questionnaire for Aides......	1,104 aides, working in 58 hospitals.
Questionnaire for Nurses.....	400 nurses, working in 48 hospitals.

The number of respondents refers to the number of forms returned. Not all questions were answered on some forms, and the number of respondents for particular items on the form varied therefore from item to item. The designation "R=," found in text and appendix tables, refers to the number of respondents for the particular question or characteristic with which the data are concerned.

3. INFLATION FOR NONRESPONSE

The estimated total number of aides in the universe of hospitals within the scope of the survey was calculated by assuming that nonresponding hospitals employed as many aides, on the average, as did reporting hospitals of the same size class. A similar procedure yielded estimates of total aide positions and aide staff on January 1 and December 31, 1962, accessions and separations, job applications rejected during the year and on file December 31.

4. SAMPLING DESIGN FOR AIDE AND NURSE INTERVIEWS

The design for the sample may be described as a multistage stratified cluster sample with allocation proportional to the population of psychiatric aides. Thirty-two strata were defined—six State and county hospital size classes (size in terms of number of aides), by four geographic regions: Northeast, North Central, South, and West and two psychopathic hospital size classes of the four regions. The Biometrics Branch of the National Institute of Mental Health provided March 1962 data for the definition of the universe of State, county, and psychopathic hospitals (table 1).

Within each stratum, hospitals were drawn at random, the number of hospitals per stratum in proportion to the total number of aides per stratum, except for the psychopathic hospitals, where disproportionate sampling was used. Similarly, the assigned number of interviews per hospital was based on the stratum population total. Minor deviations in sampling ratios resulted from forcing to predetermined marginal totals. Since no information on the sex distribution of aides was available, it was decided that equal numbers of interviews be assigned between sexes (table 2).

The final stage of sampling for the aide interviews was the random selection of 1,100 respondents. A previously drawn 10 percent random sample taken from a census of aides provided the frame for drawing the 100 interview sample (table 3).

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[1] Listed in app. B.

[2] Basis of estimate is given below, under "Inflation for nonresponse."

[3] Based on a 10-percent sample of the 84,330 names on the preliminary Listing of Psychiatric Aides. Subsequently an additional 5,000 names were received.

The sample of 400 nurses was allocated to the State and county hospitals on the same basis as the aides. No nurses in psychopathic hospitals were interviewed.

A total of 1,104 aide interviews and 400 nurse interviews were completed during April and May 1963. The nonresponse within a given hospital or cluster was practically nonexistent. The participating hospitals and the number of interviews are listed in table 3.

Since the sample design stipulated *equal* numbers of male and female aides in the sample, the disproportionate sampling by sex required a weighting procedure to balance the sample prior to tabulation. *For each hospital*, the sex which was "overrepresented" in the sample was taken as the base and the other sex weighted up so that both sexes were represented in their proper proportion. This weighting was mechanically performed by duplication of punched cards. This weighted number (2,270) includes the correct weighting of the psychopathic hospitals which had been sampled at a differential rate (tables 4, 4A).

The sample of 400 nurses also had to be weighted, as the universe total of nurses was not known prior to sampling. The weighting for this sample required tabulation of 1,408 cards, rather than 400 (table 5).

Sampling errors were estimated for selected items and are given in table 6.

Table 1.—Universe Number of Hospitals and Number of Aides by Size Class and by Region, March 1962

Class interval	Total		Region							
			Northeast		North Central		South		West	
	Hospitals	Aides	Hospitals	Aides	Hospitals	Aides	Hospitals	Aides	Hospitals	Aides
Total..........	285	95, 820	73	34, 335	123	26, 101	60	21, 992	29	13, 392
State and county hospitals										
Total..........	269	94, 913	70	34, 129	118	25, 756	55	21, 807	26	13, 221
(1) Less than 200...	93	7, 070	15	1, 658	58	2, 971	15	1, 909	5	532
(2) 201–399...........	84	24, 902	21	6, 045	36	10, 585	21	6, 460	6	1, 812
(3) 400–599...........	53	25, 867	14	7, 035	22	10, 783	10	4, 803	7	3, 246
(4) 600–799...........	20	13, 644	12	7, 872	2	1, 417	4	2, 956	2	1, 399
(5) 800–1,200	12	11, 936	3	2, 847	....	....	3	2, 857	6	6, 232
(6) Over 1,200........	7	11, 494	5	8, 672	....	....	2	2, 822	....	....
Psychopathic hospitals										
Total..........	16	907	3	206	5	345	5	185	3	171
(1) Less than 100.....	14	639	2	92	4	191	5	185	3	171
(2) More than 100....	2	268	1	114	1	154	....	....	....	....

Table 2.—Sample Allocation of the Number of Hospitals and the Number of Aide Interviews

Class interval	Total		Region							
			Northeast		North Central		South		West	
	Hospitals	Interviews	Hospitals	Interviews	Hospitals	Interviews	Hospitals	Interviews	Hospitals	Interviews
Total	58	1,100	20	382	17	309	12	250	9	159
State and county hospitals										
Total	50	1,000	18	359	15	271	10	230	7	140
(1)	4	68	1	17	2	31	1	20	[1]1	[1]25
(2)	13	268	3	64	6	111	3	68		
(3)	14	273	4	74	6	114	2	51	2	34
(4)	7	144	4	83	1	15	1	31	1	15
(5)	6	126	1	30	....	....	2	30	3	66
(6)	6	121	5	91	....	....	1	30	....	....
Psychopathic hospitals										
Total	8	100	2	23	2	38	2	20	2	19
(1)	6	70	1	10	1	21	2	20	2	19
(2)	2	30	1	13	1	17	....	....	....	....

[1] Strata 1 and 2 were collapsed for sampling purposes.

Table 3.—Number of Aide and Nurse Interviews by Hospital, by Size Class, and by Region

Size class	*Northeast*	*Number of interviews*	
		Aides	*Nurses*
(1)	Retreat State Hospital, Hunlock Creek, Pa.	17	16
(2)	Allentown State Hospital, Allentown, Pa.	22	9
	Woodville State Hospital, Woodville, Pa.	25	10
	Wernersville State Hospital, Wernersville, Pa.	17	7
(3)	Utica State Hospital, Utica, N.Y.	16	6
	Mayview State Hospital, Mayview, Pa.	18	7
	Binghamton State Hospital, Binghamton, N.Y.	19	8
	New Jersey State Hospital, Marlboro, N.J.	21	8
(4)	Fairfield State Hospital, Newton, Conn.	19	8
	New Jersey State Hospital, Trenton, N.J.	23	9
	Brooklyn State Hospital, Brooklyn, N.Y.	18	7
	Philadelphia State Hospital, Philadelphia, Pa.	23	9
(5)	Hudson River State Hospital, Poughkeepsie, N.Y.	30	12
(6)	Harlem Valley State Hospital, Wingdale, N.Y.	14	6
	Kings Park State Hospital, Kings Park, N.Y.	16	6
	Central Islip State Hospital, Central Islip, N.Y.	19	8
	Pilgrim State Hospital, Brentwood, N.Y.	28	11
	Creedmore State Hospital, Queens Village, N.Y.	14	6
	Total	359	153

Table 3.—Number of Aide and Nurse Interviews by Hospital, by Size Class, and by Region—Continued

Size class		*Number of interviews*	
	North Central	*Aides*	*Nurses*
(1)	Waupaca County Hospital, Weyauwega, Wis	5	(1)
	Winnebago County Hospital, Winnebago, Wis	26	(1)
(2)	Dayton State Hospital, Dayton, Ohio	23	9
	Alton State Hospital, Alton, Ill	16	6
	Fergus Falls State Hospital, Fergus Falls, Minn	16	6
	Mental Health Institute, Mount Pleasant, Iowa	16	6
	Larned State Hospital, Larned, Kans	19	8
	Osawatomie State Hospital, Osawatomie, Kans	21	8
(3)	Longview State Hospital, Cincinnati, Ohio	21	8
	Massillon State Hospital, Massillon, Ohio	21	8
	Chicago State Hospital, Chicago, Ill	18	7
	Kankakee State Hospital, Kankakee, Ill	20	8
	State Hospital No. 3, Nevada, Mo	18	7
	State Hospital No. 4, Farmington, Mo	16	7
(4)	Manteno State Hospital, Manteno, Ill	15	7
	Total	271	95
	South		
(1)	Southeast Louisiana State Hospital, Mandeville, La	20	12
(2)	Delaware State Hospital, Farnhurst, Del	15	6
	Dorothea Dix Hospital, Raleigh, N.C	26	10
	San Antonio State Hospital, San Antonio, Tex	27	11
(3)	Central State Hospital, Norman, Okla	26	10
	Eastern State Hospital, Vinita, Okla	25	10
(4)	Central State Hospital, Petersburg, Va	31	12
(5)	South Carolina State Hospital, Columbia, S.C	12	6
	Florida State Hospital No. 1, Chattahoochee, Fla	18	7
(6)	St. Elizabeths Hospital, Washington, D.C	30	12
	Total	230	96
	West		
(1) (2)	Montana State Hospital, Warm Springs, Mont	25	9
(3)	Eastern State Hospital, Medical Lake, Wash	17	7
	Northern State Hospital, Sedro-Woolley, Wash	17	7
(4)	Metropolitan State Hospital, Norwalk, Calif	15	6
(5)	Camarillo State Hospital, Camarillo, Calif	24	10
	Napa State Hospital, Napa, Calif	24	10
	Stockton State Hospital, Stockton, Calif	18	7
	Total	140	56
	Grand total	1,000	400

[1] Hospital does not employ nurses.

Table 3.—Number of Aide and Nurse Interviews by Hospital, by Size Class, and by Region—Continued

Psychopathic Hospitals [2]

Size class		*Number of interviews Aides*
	Northeast	
(1)	Governor Bacon Health Center, Delaware City, Del.	10
(2)	Eastern Pennsylvania Psychiatric Institute, Philadelphia, Pa.	13
	North Central	
(1)	Lafayette Clinic, Detroit, Mich.	21
(2)	LaRue D. Carter Memorial Hospital, Indianapolis, Ind.	17
	South	
(1)	Tennessee Psychiatric Hospital and Institute, Memphis, Tenn.	15
	Houston Psychiatric Institute, Houston, Tex.	5
	West	
(1)	L. Porter Neuro-Psychiatric Institute, San Francisco, Calif.	5
	UCLA Neuro-Psychiatric Institute, Los Angeles, Calif.	14
	Total	100

[2] In the analysis of data, no differentiation was made between psychopathic and nonpsychopathic hospitals.

Table 4.—Computations for Weighting the Aide Sample—Male Aides

Class interval	Number of hospitals						Number of interviews	
	Universe (Number hospitals)	Sample						
		Number hospitals	Projection factor	Number in listing	Projection of listings	Percent of aides	Actual	Weighted
Total	285	58	....	12,324	37,083	100.	550	865
Stratum (1) [1]	109	12	9.1	405	3,686	.0994	86	86
Stratum (2)	84	13	6.5	1,610	10,465	.2822	134	244
Stratum (3)	53	14	3.8	2,169	8,242	.2222	136	192
Stratum (4)	20	7	2.8	1,889	5,289	.1426	70	123
Stratum (5)	12	6	2.0	2,375	4,750	.1281	63	111
Stratum (6)	7	6	1.2	3,876	4,651	.1255	61	109

Estimate of Number of Male Aides

Universe	Percent	Weighted	Unweighted
37,083	38.1	865	550

---

[1] Includes psychopathic hospitals.

Table 4A.—Computations for Weighting the Aide Sample—Female Aides

Class interval	Number of hospitals						Number of interviews	
	Universe (Number hospitals)	Sample						
		Number hospitals	Projection factor	Number in listing	Projection of listings	Percent of aides	Actual	Weighted
Total	285	58	....	12, 324	60, 176	100.	554	1, 405
Stratum (1)[1]	109	12	9.1	594	5, 405	.0898	82	126
Stratum (2)	84	13	6.5	2, 318	15, 067	.2504	134	352
Stratum (3)	53	14	3.8	4, 499	17, 096	.2841	138	399
Stratum (4)	20	7	2.8	3, 128	8, 758	.1455	74	205
Stratum (5)	12	6	2.0	3, 643	7, 286	.1211	63	170
Stratum (6)	7	6	1.2	5, 470	6, 564	.1091	63	153

Estimate of Number of Female Aides

Universe	Percent	Weighted	Unweighted
60, 176	61.9	1, 405	554

Estimate of Total Number of Aides

Universe	Percent	Weighted	Unweighted
97, 259	100	2, 270	1, 104

---

[1] Includes psychopathic hospitals.

Table 5.—Computations for Weighting the Nurse Sample

Hospital code No.	Number of nurses			Number of interviews	
	In sample hospital	Stratum projection[1]	Percent of projected total	Actual	Weighted
Total	3, 013	10, 055	1. 00000	400	1, 408
1602	59	177	.01760	8	25
2101	97	340	.03381	8	48
2102	162	486	.04833	7	68
2104	167	167	.01661	8	23
2105	83	83	.00825	6	12
2108	68	68	.00676	6	10
2109	135	405	.04028	12	57
2110	138	138	.01372	6	19
2115	144	144	.01432	11	20
2120	30	105	.01044	6	15
2210	75	262	.02606	8	37
2211	47	141	.01402	9	20
2301	71	497	.04943	9	70
2310	76	266	.02645	7	37
2312	89	267	.02655	9	37
2313	47	705	.07011	16	99
2317	52	364	.03620	7	51
2318	44	308	.03063	10	43
2391[2]	...	...	...	...	...
3110	25	150	.01492	9	21
3114	25	92	.00915	8	13
3115	41	148	.01472	8	21
3291[2]	...	...	...	...	...
3301	30	180	.01790	6	25
3303	18	67	.00666	7	9
3310	44	158	.01571	8	22
3311	30	60	.00597	7	8
3413	...	...	...	...	...
3491[2]	...	...	...	...	...
3538	...	...	...	...	...
3539	...	...	...	...	...
4102	36	216	.02148	6	30
4204	26	156	.01551	6	22
4304	18	67	.00666	7	9
4305	14	50	.00497	7	7
4701	29	174	.01730	8	24
4702	22	132	.01313	8	18
5101	31	217	.02158	6	30
5191[2]	...	...	...	...	...
5301	306	612	.06088	12	86
5401	22	88	.00875	12	12
5603	57	399	.03968	10	56
5701	122	183	.01820	6	26
5901	57	86	.00855	7	12
6293[2]	...	...	...	...	...
7203	22	330	.03282	12	46
7301	38	190	.01890	10	27
7302	20	100	.00994	10	14
7405	27	189	.01880	11	26
7491[2]	...	...	...	...	...
8101	26	286	.02844	9	40
9101	39	136	.01352	7	19
9102	39	136	.01352	7	19
9303	50	100	.00994	10	14
9306	63	126	.01253	6	18
9308	84	168	.01671	10	24
9310	68	136	.01352	7	19
9391[2]	...	...	...	...	...
9392[2]	...	...	...	...	...

[1] Number of nurses in sample hospitals × Inverse of stratum sampling rate.

[2] Pyschopathic hospitals (nurses not interviewed).

Table 6.—Estimates of Sampling Errors for Selected Questions

Item No.	*Aide questionnaire*		*Sampling error (absolute)*[1] *(percent)*
9	Actually do—Wash walls, windows, and floors		4.4
	Actually do—Point out to the patient how his behavior or thinking is wrong		3.3
	Actually do—Keep track of ward supplies and patients' store orders		3.9
	Actually do—Report to the nurse on the patient's mental condition		3.1
	Actually do—Get to know the patient's history and cause of illness		5.6
12	Most important—Give medicine to patients		4.1
	Most important—Report to the nurse on the patient's mental condition		2.1
	Most important—Tell the nurse about a patient's physical complaints		1.9
14	Least enjoy—Write notes in the patient's chart		1.8
	Least enjoy—Break up fights, arguments, and keep harmony		3.8
	Least enjoy—wash walls, windows, and floors		5.2
25	Have you attended any classes in the hospital related to your job?	Yes	
		No	2.8
26	Do you feel that you need additional training of any kind so that you can be a better aide?	Yes	
		No	4.0
55	What was the highest grade of formal schooling you completed?	4 or less	....
		5 to 7	1.5
		Completed 8	2.7
		9–11	3.0
		Completed 12	3.7
		1 to 3 college	2.4
		Completed college	....
56	As far as you know, what was the highest grade of formal schooling that your father completed?	4 or less	3.0
		5 to 7	3.5
		Completed 8	4.2
		9 to 11	3.0
		Completed 12	3.5
		1 to 3 college	2.4
		Completed college	1.9
	Nurses Questionaire		
1	Aides duties—Keep track of ward supplies and patients' store orders		3.5
6	Least enjoy—Break up fights, arguments, and keep harmony		6.1
9	Nurses feel most important—Report to the nurse on the patient's mental condition		5.2
15	Do you feel that aides need additional training of any kind so that they can be better aides?		4.4
24	How about with patients? How well do aides get along with them—very well, fairly well, fairly poorly, or very poorly.	Very well	5.7
26	In your opinion, how satisfied are aides with their jobs? Would you say they are very satisfied, fairly satisfied, fairly dissatisfied, or very dissatisfied?	Fairly dissatisfied	5.4

[1] At the 95 percent confidence level.

Appendix D

Schedules and Questionnaires

National Institute of Mental Health Bethesda, Md.	The National Association for Mental Health, Inc. New York, N.Y.	National Analysts, Inc. Philadelphia, Pa.

Bureau of Budget #68-62-51
Approval Expires June 30, 1963
Study #1-162

....
(Hospital)

....
(Date)

STUDY OF PSYCHIATRIC AIDES

INSTITUTIONAL FORM

Data about employment and personnel policies
and training programs for aides

February 1963

SECTION A

1. Number of aide positions, by sex, assigned to hospital on January 1, 1962

	Male	Female	Total
Jan. 1, 1962			

2. Number of aide positions, by sex, assigned to hospital on December 31, 1962

	Male	Female	Total
Dec. 31, 1962			

3. Number of male and female aides on payroll, January 1, 1962

	Male	Female	Total
Jan. 1, 1962			

4. Number of male and female aides on payroll, December 31, 1962

	Male	Female	Total
Dec. 31, 1962			

5. Number of male and female aides hired during 1962 (include transfers from other positions in hospital).

	Male	Female	Total
hired in 1962			

6. Number of male and female aides who left aide position during 1962 (include transfers to other positions in hospital).

	Male	Female	Total
left in 1962			

7. Number of eligible applicants (male and female) on file on December 31, 1962

	Male	Female	Total
Dec. 31, 1962			

8. Number of male and female applicants rejected during 1962

	Male	Female	Total
rejected 1962			

9. Are the aides represented by a labor union that is recognized by the hospital? (If the aides are represented by any organization, whether it be a national union or an independent union or an association of psychiatric aides, please circle number "1" for "YES." Then, explain what the organization is. On the other hand, if they are not so represented please briefly describe any legal factors or hospital regulations which might bear on union membership.)

Explain: ....

....

....

(Explain)	Yes....	1
	No....	2

10. Are the aides employed under civil service or merit regulations?
(In Question 10 you are to circle a number showing whether the aides are under the civil service or merit regulations of the county or the State or whether they fall under "Neither" or both of these two. If "Neither", please explain).

	Yes, County....	1
	Yes, State......	2
	Both...........	3
(Explain)...	No, Neither....	4

Explain:..

....

....

....

11. Are the aides given a test of intelligence as part of the hiring initiating procedures?

Yes....	1
No....	2

12. Exclusive of overtime, how many hours per day do full-time aides regularly work?

Hours

13. How many days constitute a regular workweek for full-time aides? Again, this is exclusive of overtime. (If your answer does not fit one of the categories on the right, circle "Other," and then explain.)

Explain:..

....

....

....

	1–4 days.......	1
	5 days.........	2
	5½ days........	3
	6 days.........	4
	6½ days........	5
	7 days.........	6
(Explain)...	Other..........	7

14. Are aides given compensatory time off for overtime, or are they paid or overtime? (In some cases, aides are required to work overtime, we want to know how they are compensated for this, whether it be by time off for each hour of overtime or by being paid a wage for this overtime. It is possible, of course, that sometimes they are paid and sometimes they get time off. In that case, you would check both the "Time Off" and the "Paid" box. On the other hand, they may not be compensated for the overtime and you would circle the number opposite the "Neither" box. If you circle "Neither," please explain the rationale for this, or what provisions are made by the hospital to compensate the aides for overtime.)

(Circle as many as apply)

	Time off........	**1**
	Paid............	**2**
(Explain)	**Neither**.........	**3**

If "neither," Explain: ....

....

....

....

(If neither, skip to Q. 16)

15. If they're paid for overtime, are they paid at their Regular rate, or at a Premium rate? (If they do get Premium pay, such as time and a half, please circle the number opposite the "Premium" box. If they are paid only at their Regular rate, place a circle opposite number in the "Regular" box.)

Regular.......	**1**
Premium......	**2**

16. In this hospital, is a room provided without charge?

	Yes......	**1**
(Skip to Q. 19)	**No**......	**2**

17. If "YES," how much would the room cost, per week, if the aide had to pay for it?

Per week **$**

18. At the present time, what percentage of aides, are being given room without charge?

None..........	1
1–25%........	2
26–50%.......	3
51–75%.......	4
76–100%......	5
Don't know....	6

19. In this hospital, are meals provided without charge?

	Yes....	1
(Skip to Q. 23)	No....	2

20. How many meals per week are provided without charge?

Number of meals

21. How much would these meals cost, per week, if the aide had to pay for them?

Per week $

22. At the present time, what percentage of aides are being given any meals without charge?

None..........	1
1–25%........	2
26–50%.......	3
51–75%.......	4
76–100%......	5
Don't know....	6

23. Are aides regularly rotated through shifts? (Since hospitals are manned on a 24-hour day, 7-day week basis, the staff may either be rotated through shifts on some regular basis, or else they may be appointed to a permanent shift. For the purposes of this question, if the aides are rotated through shifts anytime during a 6-month period, you will circle the number for the' 'Yes" box. If the aides are expected to rotate shifts any less frequently than every 6 months, circle the number opposite the "No" box. Then, if "No" is circled, please explain how the hospital mans the various shifts and what arrangements they make for rotating shifts.)

	Yes....	1
(Explain)	No....	2

If "No," explain..

....

....

....

24. What is the policy with respect to number of days vacation for aides? (In most hospitals the number of days vacation are increased the longer a person works for that organization. That is, if a person works there up to 5 years, he may be entitled to 10 days vacation, whereas between 5 and 10 years he may be entitled to 15 days vacation, and for each succeeding 5 years he may be entitled to an additional day of vacation. We want to know what the policy is in this hospital—so, in the first column show us the span of years (for example: 1 to 5) and in the second column show us the number of days vacation he is entitled to during those years.)

Years of employment	*Entitled to days vacation*
....	....
....	....
....	....
....	....

Comments:...

....

....

....

25. What is the policy with respect to number of days of sick leave?

Years of employment	*Entitled to days sick leave*
....	....
....	....
....	....
....	....
....	....

Comments: ....

....

....

....

26. What is the minimum *number of years* an aide must be employed by the hospital (or in the civil service system) before he is eligible for *full retirement* pay? (Please note, this is not retirement for medical disability, but refers only to the regular retirement of employees.)

Number of years: ....

27. What is the minimum age at which an aide can retire with *full retirement* pay? (In addition to a minimum number of years of service required before retirement, many organizations also have a minimum age at which a person can retire. For this question, write in the minimum age at which an aide can retire with full retirement pay.)

Minimum age: ....

SECTION B

NOTE—

The final questions deal with the basic and advanced training programs for psychiatric aides. Once you establish that such programs are given, you will have to find out about the curriculum, number of hours of classroom work, number of hours of supervised ward training, prerequisites, recognition for completing the program (such as pay raises, promotions, certification), etc. If there are training materials available (such as course outlines), you are to get copies.

In all likelihood, the person who has given you the information on the preceding questions will refer you to someone else (probably the Director of Nursing) for answers to the questions on training. You are to ask your respondent, "Who is the person most qualified to describe this program," and you are to complete the interview with that person.

(ASK YOUR RESPONDENT)

28. Are there formal training programs, including classroom work or supervised training on the wards, specifically for aides employed at this hospital?

Yes.....	1
No.....	2

IF "NO," ask "Is there any kind of informal, or "on the job," training for the aides?"

....

....

....

(Terminate interview if answer is "No")

IF "YES," ask "Who is the person most qualified to describe these training programs?" (Then ask to speak to that person and continue the interview with him/her).

....

(Title of Qualified Person)

(ASK OF QUALIFIED PERSON)

29A. Please describe the first training program an aide must take, including number of hours, background of person who gives training (nurse, personnel officer, etc.), when it is given, content of training, etc.

CODE A.

(a) What is this program usually called?

....

(b) When is it given? (at what point in aide's career)

....

(c) Who are the instructors? (nurses, personnel officer, etc.)

....

(d) What are subjects covered?

....

....

....

(e) Number of hours:

(1) Classroom work...

(2) Supervised ward training...

(f) Is there any recognition for completion? (promotion, certification, pay raise, etc.)

....

(g) Are any training materials available?

(Please ask for copies)	Yes....	1
	No....	2

29B. Is there a second training program an aide can take?

	Yes....	1
(If no, terminate interview. See note on last page)	No....	2

CODE B.

(a) What is it called?

....

(b) When is it given? (at what point in aide's career)

....

(c) Who are the instructors? (nurses, personnel officer, etc.)

....

(d) What are subjects covered?

....

....

....

(e) Number of hours:

(1) Classroom work...

(2) Supervised ward training...

(f) Is there any recognition for completion? (promotion, certification, pay raise, etc.)

....

(g) Are any training materials available?

(Please ask for copies)	Yes ...	1
	No....	2

29C. Is there a third training program an aide can take?

	Yes....	1
(If No, terminate interview. See note on last page)	No....	2

CODE C.

(a) What is it called?

....

(b) When is it given? (at what point in aide's career)

....

(c) Who are the instructors? (nurses, personnel officer, etc.)

....

(d) What are subjects covered?

....

....

....

(e) Number of hours:

(1) Classroom work ....

(2) Supervised ward training ....

(f) Is there any recognition for completion? (promotion, certification, pay raise, etc.)

....

(g) Are any training materials available?

(Please ask for copies)	Yes....	1
	No....	2

29D. Is there a fourth training program an aide can take?

	Yes....	1
(If No, terminate interview. See note on last page)	No....	2

CODE D.

(a) What is it called?

....

(b) When is it given? (at what point in aide's career)

....

(c) Who are the instructors? (nurses, personnel officer, etc.)

....

(d) What are subjects covered?

....

....

....

(e) Number of hours:

(1) Classroom work..

(2) Supervised ward training..

(f) Is there any recognition for completion? (promotion, certification, pay raise, etc.)

....

(g) Are any training materials available?

(Please ask for copies)	Yes......	1
	No......	2

NOTE TO ALL GROUP LEADERS

I. The training data you have just collected are to be summarized and copied on the special form—Summary sheet of training programs for aides—that follows this page. Copy them in the same order as they are shown on this questionnaire. Make enough copies so that each of your volunteer workers will have one. They will use the code letters to show (on the Personal and Employment Data Form) what training programs were completed by each of the aides in their sample.

Make certain you give each of the volunteers one copy of:
1. Summary sheet of training programs for aides
2. Payroll titles form

II. Please mail completed forms to your division project coordinator as soon as all material has been obtained for Phases I, II, and III at this hospital.

.... **Date**..
(Hospital)

SUMMARY SHEET OF TRAINING PROGRAMS FOR AIDES

CODE

A **Program is called**..
Given when...
Given by..
Subjects covered...

B **Program is called**..
Given when...
Given by..
Subjects covered...

C **Program is called**..
Given when...
Given by..
Subjects covered...

D **Program is called**..
Given when...
Given by..
Subjects covered...

National Institute
of Mental Health
Bethesda, Md.

The National Association
for Mental Health, Inc.
New York, N.Y.

National Analysts, Inc.
Philadelphia, Pa.

Volunteer's Name........................

Bureau of Budget #68-62-51
Approval Expires June 30, 1963

PERSONAL AND EMPLOYMENT DATA OF PSYCHIATRIC AIDES

....
(Name of hospital)

....
(City) (State)

....
(Last name) (First) (Middle)

Male	1	Female	2

Payroll

Title	*Code*
1	7
2	8
3	9
4	10
5	11
6	12

1. Date of Birth:
....
(Month) (Year)
(Please Print Clearly)

2. Marital status:

Married...........	1	Separated...........	4
Widowed..........	2	Never married.......	5
Divorced..........	3	Not known..........	6

3. Years of education completed (please circle one)

Not known....................	
Grammar School	1 2 3 4 5 6 7 8
High School	1 2 3 4
College	1 2 3 4 5

4. Months previous relevant experience:
....
(Months)

5. Weekly salary on last previous job:
$..

6. Number hours of relevant formal training prior to employment at this hospital.
....
(Hours of formal training)

7. Month and year applied for employment at this hospital:
....
(Month) (Year)

8. Month and year employed at this hospital:
....
(Month) (Year)

9. Beginning salary (gross pay) at this hospital:

Per week.......	$........	Per month......	$........
Per 2 weeks....	$........	Per year........	$........

10. Payroll title when first employed at this hospital:
....
(Title)

11. Present salary (gross pay):

Per week.......	$........	Per month......	$........
Per 2 weeks.....	$........	Per year.........	$........

12. Which training programs has................completed?
(Name of aide)

Training Programs Completed

A	1	D	4
B	2	None	5
C	3	DK	6

13. As best you can judge, what percentage of this person's time is spent in nursing care? Is it less than 25%, between 26% and 50%, 51%-75% or more than 76%?

None..........................	1	51-75%...	4
Less than 25%.................	2	76-100% .	5
26-50%........................	3		

14. Is this person Negro or white?

Negro	1
White	2
Other (specify):	3

National Institute of Mental Health Bethesda, Md.	National Association for Mental Health, Inc. New York, N. Y.	National Analysts, Inc. 1015 Chestnut Street Philadelphia 7, Pa.

Bureau of Budget #68-62-51
Approval Expires June 30, 1963
Study #1-162

STUDY OF PSYCHIATRIC AIDES

QUESTIONNAIRE FOR NURSES

.... (Hospital)		.... (Hospital Code #)
.... (City)	.... (State)	....
Nurse's name .... (Last)	.... (First)	.... (Respondent #)

Interviewer........................
Date ....

Time interview began ...............A.M. ...............P.M.
Time interview ended ...............A.M. ...............P.M.

SUGGESTED INTRODUCTION: Good ...., I am working with the National Association for Mental Health, in learning more about psychiatric aides. You may know that we have collected some general information about all aides in all public mental hospitals. You were chosen along with several hundred others to be interviewed in order to represent the thousands of nurses in all hospitals. I'd like to start with a few questions about the work that aides do in this hospital.

1. (Hand R. card A) To the best of your knowledge, what are all the duties an aide has in this hospital. To help you answer this I'm going to show you a card that has a long list of things an aide in your hospital might have to do. (Record in col. 2)
2. Now, we've just spoken of the duties aides actually have. Are there other things which you feel aides *should* do but aren't now doing? (If "No," skip to Q. 4) (Record below table)
    3. (If "Yes' to Q. 2) Would you tell me what they are, please? (Record below table)
4. Thinking only of the duties aides actually now have, which three of these things do you feel are most important for them to do well? (Record in col. 3)
5. Still referring only to those duties they actually perform, which three of these do they *seem to enjoy* doing the most? (Record in col. 4)
6. Which three do they seem least to enjoy doing? (Record in col. 5)
7. Which three things take up most of their time? (Record in col. 6)
8. Which three of these do the *patients* most often want them to do? (Record in col. 7)
9. Which three things do the *nurses* feel are the most important for the aide to do? (Record in col. 8)
10. How about the psychiatrists? Which three duties do *they seem* to feel are the most important for aides to perform? (Record in col. 9)
11. Even though aides usually perform their duties well, we'd like to know which duties they perform least well. Would you show me which three duties they perform least well? (Record in col. 10)

	Q. 1	Q. 4	Q. 5	Q. 6	Q. 7	Q. 8	Q. 9	Q. 10	Q. 11
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10
	Aides duties	3 Most imp.	3 Most enjoy	3 Least enjoy	3 Most time	3 Patients want	3 nurses feel most important	3 psych. feel most important	3 least well
1. Give medicine to patients	1	1	1	1	1	1	1	1	1
2. Take temperatures, blood pressures, change dressings, and other medical care	2	2	2	2	2	2	2	2	2
3. Write notes in the patient's chart	3	3	3	3	3	3	3	3	3
4. Discuss with other employees how a patient can be helped the most	4	4	4	4	4	4	4	4	4
5. Play games with patients, supervise or encourage their recreation	5	5	5	5	5	5	5	5	5
6. Break up fights, arguments, and keep harmony	6	6	6	6	6	6	6	6	6
7. Help patients dress	7	7	7	7	7	7	7	7	7
8. Wash walls, windows and floors	8	8	8	8	8	8	8	8	8
9. See that patients keep appointments	0	0	0	0	0	0	0	0	0
10. Make reports to the psychiatrists on the patient's mental condition	V	V	V	V	V	V	V	V	V
11. Point out to the patient how his behavior or thinking is wrong	1	1	1	1	1	1	1	1	1
12. Protect the patient's personal belongings	2	2	2	2	2	2	2	2	2
13. Encourage patients to mix with each other	3	3	3	3	3	3	3	3	3
14. Tell the psychiatrist about a patient's physical complaints	4	4	4	4	4	4	4	4	4
15. Keep track of ward supplies and patient's store orders	5	5	5	5	5	5	5	5	5
16. Bathe the patients or keep untidy ones clean	6	6	6	6	6	6	6	6	6
17. Report to the nurse on the patient's mental condition	7	7	7	7	7	7	7	7	7
18. Help a patient discuss his problems	8	8	8	8	8	8	8	8	8
19. Provide information to the patient about hospital rules, procedures, and opportunities	9	9	9	9	9	9	9	9	9
20. Tell the nurse about a patient's physical complaints	0	0	0	0	0	0	0	0	0
21. Supervise the patients in their work	V	V	V	V	V	V	V	V	V
22. Encourage and reassure the patient	1	1	1	1	1	1	1	1	1
23. Feed bed patients and serve food to others	2	2	2	2	2	2	2	2	2
24. Put away and distribute laundry and clothes	3	3	3	3	3	3	3	3	3
25. Take patients from one place to another	4	4	4	4	4	4	4	4	4
26. Get to know the patient's history and cause of his illness	5	5	5	5	5	5	5	5	5
27. See that one patient does not take advantage of another	6	6	6	6	6	6	6	6	6
28. Have friendly conversations with patients	7	7	7	7	7	7	7	7	7
29. Keep dangerous objects away from patients	8	8	8	8	8	8	8	8	8
30. Make beds, keep floors and equipment clean	9	9	9	9	9	9	9	9	9
31. Attend staff meetings, ward conferences or classes	0	0	0	0	0	0	0	0	0
32. Assist and supervise patients with visitors	V	V	V	V	V	V	V	V	V

Q. 2

Yes	1
No	2

Q. 3 *Nature of Other Duties*

12. If a person asked you for your advice on whether or not he should apply for a job as a psychiatric aide, what important characteristics of the job would you mention to him?

13. If you were asked to suggest changes in the job of the psychiatric aide, what specific changes in the job would you suggest? (Probe for specific action to be taken)

14. Have you ever taken part in an in-service training program for psychiatric aides?

Yes....	1
No....	2

15. Do you feel that aides need additional training of any kind so that they can be better aides?

	Yes....	1
(Skip to Q. 17)	No....	2

16. (If "Yes") Please tell me in as much detail as you can just what additional training they need. (Probe for specific content of training)

17. Do you have direct responsibility for supervision of any aides?

	Yes....	1
(Skip to Q. 19)	No....	2

18. (If "Yes") Are they male or female?

Male........	1
Female......	2
Both........	3

19. Generally speaking, how good a job do the aides do—very good, fairly good, fairly poorly, very poorly?

Very good.........	1
Fairly good........	2
Fairly poorly.......	3
Very poorly........	4

20. As far as you're concerned, in what ways do you think aides need to improve?

21. Would you say aides get along with other aides—very well, fairly well, fairly poorly, or very poorly?

Very well..........	1
Fairly well.........	2
Fairly poorly.......	3
Very poorly........	4

22. How do aides get along with other employees, such as cooks, gardeners, etc.? Would you say they get along very poorly, fairly poorly, fairly well, or very well?

Very poorly........	1
Fairly poorly.......	2
Fairly well.........	3
Very well..........	4

23. How about with registered nurses, how well do aides get along with them—very poorly, fairly poorly, fairly well, or very well?

Very poorly........	1
Fairly poorly.......	2
Fairly well.........	3
Very well..........	4

24. How about with patients? How well do aides get along with them—very well, fairly well, fairly poorly, or very poorly?

Very well..........	1
Fairly well.........	2
Fairly poorly.......	3
Very poorly........	4

25. Finally, how well would you say they get along with psychiatrists—very poorly, fairly poorly, fairly well, or very well?

Very poorly........	1
Fairly poorly.......	2
Fairly well.........	3
Very well..........	4

26. In your opinion how satisfied are aides with their jobs? Would you say they are very satisfied, fairly satisfied, fairly dissatisfied, or very dissatisfied?

Very satisfied...........	1
Fairly satisfied..........	2
Fairly dissatisfied.......	3
Very dissatisfied........	4

27. What gives you the impression that they're ....?
(Answer in Q. 26)

28. In your opinion, do you think most aides will stay with their jobs until retirement, or will they leave before then?

Retire.......	1
Leave.......	2

29. What are some of the reasons that cause aides to leave their jobs? (Probe for specifics about job)

(If respondent doesn't mention any aspects of the job, ask:)
30. Is there anything about the job that causes them to leave?

31. Do you feel that patients are at all affected when an aide leaves (quits) his job?

	Yes....	1
(Skip to Q. 33)	No....	2

32. (If "Yes") How can you tell that the patients are affected, that is, how do the patients show it? (Probe)

33. What do you think attracts an aide to apply for his job in the first place?

34. What do you think needs to be done in order to attract more and better people to apply for jobs as aides?

35. Most of the things that people do on the job are not unusual, but once in a while you see a person do something for the patients that is quite outstanding. We want to know about these unusually good things that aides have done on the job.

Now, please think back over all the work you've seen aides do during this past year and try to recall the most *outstanding* piece of work performed by an aide with, or for, a patient that *contributed to the patient's welfare.* Would you describe the situation and what the aide did?

36. Now would you please recall an example of the poorest work performed by an aide during the past year, work which was harmful to the patient's welfare. What was the situation? What did the aide do?

37. How long have you been living in this general area, that is, some place within commuting distance of the hospital?

....
(Years)

38. Do you have any relatives working in this hospital?

	Yes....	1
(Skip to Q. 41)	No....	2

39. (If "Yes") Who is that?

Spouse.............	1
Parent.............	2
Child..............	3
Other relative......	4

40. What job does that person have?

Aide....................	1
Nurse..................	2
Other professional......	3
Other (specify).........	4

41. Are you:

Married............	1
Separated..........	2
Widowed..........	3
Divorced...........	4
Never married......	5

42. In what year did you first begin psychiatric nursing?

19—

43. When did you first start working at this hospital?

19—

44. What is your job title here?

Nursing supervisor (or assistant)...............	1
Head nurse.............	2
Staff nurse.............	3
Nursing instructor......	4
Administrator...........	5
Other (specify)........	6

45. In what country were you born?

United States.......	1
Other..............	2

46. In what year were you born?

....

(Year)

National Institute of Mental Health Bethesda, Md.	National Association for Mental Health, Inc. New York, N.Y.	National Analysts, Inc. 1015 Chestnut Street Philadelphia 7, Pa.

Bureau of Budget #68-62-51
Approval Expires June 30, 1963
Study #1-162

STUDY OF PSYCHIATRIC AIDES

QUESTIONNAIRE FOR AIDES

.... (Hospital)
.... (Hospital Code #)

.... (City)
.... (State)

Aide's Name .... (Last) .... (First)
.... (Respondent #)

Interviewer ....

Date ....

Time interview began ................................A.M. .............P.M.

Time interview ended ................................A.M. .............P.M.

SUGGESTED INTRODUCTION: Good ...., I am working with the National Association for Mental Health in learning more about psychiatric aides. You may know that we have collected some general information about all aides in all public mental hospitals. You were chosen along with several hundred others to be interviewed, and to represent thousands of aides in all hospitals. I'd like to start with a few questions that go back to the time you first applied for work at this hospital.

1. Going back to the days before you worked here, try to recall how you first heard about the job you are now holding. Did you hear about it from a friend, a relative, a newspaper, or how did you hear about it?

(Circle	Friend.................	1
	Relative...............	2
one	Newspaper.............	3
	It's general knowledge..	4
only)	Worked in hospital.....	5
	Other (specify).........	6

2. Did you have a job when you first applied for work here?

	Yes....	1
(Skip to Q. 5)	No....	2

3. What kind of work were you doing then?

4. What was there about the psychiatric aide's job that made you prefer it to the job you had? (Probe for specific characteristics of aide's job)

(Now skip to Q. 7)

(Ask Q's. 5 and 6 if "No" to Q. 2)

5. Did you ever hold a job before you applied for this job?

	Yes....	1
(Skip to Q. 7)	No....	2

6. (If "Yes") What was the last type of work you did before you applied for this job?

(Ask everyone)

7. At the time you first applied for a job here, were you married or not?

Yes....	1
No....	2

8. (Hand R. Card A) Before you took this job what kinds of things did you think you would have to do if you got the job? To help you answer this question, I am going to show you a long list of things that you might do, you tell me which ones you thought you would have to do if you got the job? (Record in col. 2)
9. Now, would you go over this card again and this time tell me which of these things *you actually do on your job*? (Record in col. 3)
10. Are there other important things that are not shown here which you do? (Record below table)
11. Which three things do you spend most of your time doing? (Record in col. 4)
12. Thinking only of these things you actually do on the job, which three of these things do you feel are *most important* for you to do well? (Record in col. 5)
13. Still referring only to those things that you actually do on the job, which three of these things do you *most enjoy* doing? (Record in col. 6)
14. Which three do you least enjoy doing? (Record in col. 7)
15. Which three of these things do the patients most often want you to do? (Record in col. 8)

Col. 1	Q. 8	Q. 9	Q. 11	Q. 12	Q. 13	Q. 14	Q. 15
	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
	Thought would do	Actually do	Most time doing	Most important	Most enjoy	Least enjoy	Most often want you to do
1. Give medicine to patients	1	1	1	1	1	1	1
2. Take temperatures, blood pressures, change dressings and other medical care	2	2	2	2	2	2	2
3. Write notes in the patient's chart	3	3	3	3	3	3	3
4. Discuss with other employees how a patient can be helped the most	4	4	4	4	4	4	4
5. Play games with patients, supervise or encourage their recreation	5	5	5	5	5	5	5
6. Break up fights, arguments, and keep harmony	6	6	6	6	6	6	6
7. Help patients dress	7	7	7	7	7	7	7
8. Wash walls, windows and floors	8	8	8	8	8	8	8
9. See that patients keep appointments	0	0	0	0	0	0	0
10. Make reports to the psychiatrists on the patient's mental condition	V	V	V	V	V	V	V
11. Point out to the patient how his behavior or thinking is wrong	1	1	1	1	1	1	1
12. Protect the patient's personal belongings	2	2	2	2	2	2	2
13. Encourage patients to mix with each other	3	3	3	3	3	3	3
14. Tell the psychiatrist about a patient's physical complaints	4	4	4	4	4	4	4
15. Keep track of ward supplies and patients' store orders	5	5	5	5	5	5	5
16. Bathe patients or keep untidy ones clean	6	6	6	6	6	6	6
17. Report to the nurse on the patient's mental condition	7	7	7	7	7	7	7
18. Help a patient discuss his problems	8	8	8	8	8	8	8
19. Provide information to the patient about hospital rules, procedures, and opportunities	9	9	9	9	9	9	9
20. Tell the nurse about a patient's physical complaints	0	0	0	0	0	0	0
21. Supervise the patients in their work	V	V	V	V	V	V	V
22. Encourage and reassure the patient	1	1	1	1	1	1	1
23. Feed bed patients and serve food to others	2	2	2	2	2	2	2
24. Put away and distribute laundry and clothes	3	3	3	3	3	3	3
25. Take patients from one place to another	4	4	4	4	4	4	4
26. Get to know the patient's history and cause of his illness	5	5	5	5	5	5	5
27. See that one patient does not take advantage of another	6	6	6	6	6	6	6
28. Have freindly conversation with patients	7	7	7	7	7	7	7
29. Keep dangerous objects away from patients	8	8	8	8	8	8	8
30. Make beds, keep floors and equipment clean	9	9	9	9	9	9	9
31. Attend staff meetings, ward conferences or classes	0	0	0	0	0	0	0
32. Assist and supervise patients with visitors	V	V	V	V	V	V	V

Q. 10

16. Do you regularly report to anyone on the condition of your patients?

	Yes....	1
(Skip to Q. 19)	No....	

17. (If "Yes") Who is that?

Charge attendent........	1
Nurse..................	2
Psychiatrist............	3

18. About how often do you make such reports?
.... times per (day) (week)
(number)

19. Do you regularly attend staff meetings?

Yes....	1
No....	2

20. If a friend asked you for your advice on whether nor ot he should apply for a job as a psychiatric aide, what would you tell him?

21. If you were asked to suggest changes in the job of the psychiatric aide, what specific changes in the job would you suggest? (Probe for specific actions to be taken.)

22. On most days, which shift do you work, the day shift, evening shift or night shift?

Day.........	1
Evening......	2
Night........	3

23. How well do you like working this shift? Would you say you like it very well, fairly well, or not well at all?

Very well..........	1
Fairly well.........	2
Not well...........	3

24. Since you've been at this hospital, have you ever been promoted?

Yes....	1
No....	2

25. Have you attended any classes in the hospital related to your job?

Yes....	1
No....	2

26. Do you feel that you need additional training of any kind so that you can be a better aide?

	Yes....	1
(Skip to Q. 28)	No....	2

27. (If "Yes") Please tell me in as much detail as you can, just what additional training you need. (Probe for specific content of training)

28. (Hand R. Card B) On the next card we have a listing of many of the jobs that people have in mental hospitals. Would you look over this list and tell me which is the best job for a person like yourself. Now tell me which is the next best job. Which is the third best job? Fourth best job? Fifth best job? Sixth best job? (Enter "1" for best job, "2" for second best job, "3" for third best job and so on through 8 in col. 1 below)

29. If you were able to, would you want to change to one of the other jobs on this list?

	Yes....	1
(Skip to Q. 33)	No....	2

30. (Ask Q's. 30-32 if "Yes") Which one would you change to? (Circle proper number in col. 2 below)

31. Is there any other job you would change to?

	Yes....	1
(Skip to Q. 33)	No....	2

32. (If "Yes") Which one? (Circle proper number in col. 3 below)

	Q. 28 Col. 1 Rank	Q. 30 Col. 2 Change	Q. 32 Col. 3 Change
Aide..............................		1	1
Cook..............................		2	2
Registered nurse..................		3	3
Gardener..........................		4	4
Occupational therapist............		5	5
Practical nurse...................		6	6
Switchboard operator..............		7	7
Watchman..........................		8	8

33. Is your immediate supervisor (your boss) a psychiatric aide, a nurse, or someone else?

Psychiatric aide............	1
Registered nurse............	2
Licensed practical nurse......	3
Charge aide................	4
Someone else (Specify).......	5

34. (If not indicated previously)
Is this person a male or female?

Male........	1
Female.......	2

35. How many months have you been working on your present ward?

(IF MORE THAN 6 MONTHS, SKIP TO Q. 37) .... (Months)

36. How many times have you been assigned to different wards in the last six months?

Not here 6 months..	
Number of times....	

37. How many times has your shift been changed in the last six months?

Not here 6 months..	
Number of times....	

38. After taxes, social security and insurance are deducted from your pay check, how much is left?

$.............. Weekly $........... Monthly

$.............. Biweekly

CLASSIFICATION SECTION

39. How long have you been living in this general area, that is, some place within commuting distance of the hospital?

.... (Years)

40. Do you have any relatives working in this hospital?

	Yes....	1
(Skip to Q. 44)	No....	2

41. (If "Yes") Who is that?

Spouse............	1
Child.............	2
Parent............	3
Other relative......	4

42. What job does that person have?

Aide..................	1
Nurse.................	2
Other professional......	3
Other.................	4

43. Would you say that (he) (she) influenced you to apply for a job as an aide?

Yes....	1
No....	2

44. Are you now:

	Married...........	1
	Separated..........	2
	Widowed..........	3
	Divorced...........	4
(Skip to Q. 49)	Never married......	5

45. How old were you when you were first married?

.... (Years old)

46. Have you been married more than one time?

	Yes....	1
(Skip to q. 48)	No....	2

47. (If "Yes") How many times altogether have you been married?

Number ....

48. (If now "married") Is your (husband) (wife) now working?

Yes....	1
No....	2

(Ask everyone)

49. Who, besides yourself, lives in your home? I'd like the males first—oldest to youngest. Then the females—oldest to youngest.

List HH members in relation to respondent such as wife, son, etc.	Sex	Age
Respondent		

50. In what country were you born?

(Skip to q. 52)	United States.......	1
	Puerto Rico........	2
	Mexico............	3
	Other (Specify).....	4

51. In what year did you come to the United States?

.... (Year)

52. In what year were you born?

.... Year

53. In what country was your father born?

United States.......	1
Puerto Rico........	2
Mexico............	3
Other (specify).....	4

54. In what country was your mother born?

United States.......	1
Puerto Rico........	2
Mexico............	3
Other (specify).....	4

55. What was the highest grade of formal schooling you completed?

Grammar school	1 2 3 4 5 6 7 8
High school	1 2 3 4
College	1 2 3 4 5 or more

56. As far as you know, what was the highest grade of forma schooling that your father completed?

Grammar school	1 2 3 4 5 6 7 8
High school	1 2 3 4
College	1 2 3 4 5 or more

Don't know .... ☐

Appendix E

THE ADVISORY COMMITTEE

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U.S. GOVERNMENT PRINTING OFFICE : 1965 O—763-453